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ABSTRACT

Hearings on a bill to amend the Older Americans Act of 1965 are reported. The intent of the bill is to provide grants to States for the establishment, maintenance, operation, and expansion of low-cost meal programs, nutrition training and education programs, opportunity for social contacts, and for other purposes. The text of H.R. 17763, statements, prepared statements, letters, supplemental material, etc. are presented. Included are an Organizational Manual for Meals on Wheels from the Baltimore, Maryland Health Department, and exhibits concerning food and nutrition problems of the elderly, solutions to these problems, recommendations for a national nutrition program, project examples of five cities, and profiles of the participants in AOA nutrition programs in 17 cities. (DB)

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OLDER AMERICANS ACT AMENDMENTS
FOR NUTRITIC

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HEARINGS

BEFORE THE

SELECT SUBCOMMITTEE ON EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

NINETY-FIRST CONGRESS

SECOND SESSION

ON

H.R. 17763

A BILL TO AMEND THE OLDER AMERICANS ACT OF 1965 TO PROVIDE GRANTS TO STATES FOR THE ESTABLISHMENT, MAINTENANCE, OPERATION, AND EXPANSION OF LOW-COST MEAL PROGRAMS, NUTRITION TRAINING AND EDUCATION PROGRAMS, OPPORTUNITY FOR SOCIAL CONTACTS, AND FOR OTHER PURPOSES

HEARINGS HELD IN MIAMI, FLA., JULY 20, 1970; WASHINGTON, D.C., SEPTEMBER 16, 17, 24, 1970; SOUTH BEND, IND., SEPTEMBER 19, 1970; AND ELKHART, IND., SEPTEMBER 19, 1970

Printed for the use of the Committee on Education and Labor
CARL D. PERKINS, *Chairman*

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OLDER AMERICANS ACT AMENDMENTS FOR NUTRITIONAL SERVICES

MONDAY, JULY 20, 1970

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Miami, Fla.

The Select Subcommittee on Education met at 9:10 a.m., pursuant to call, at Metropolitan Senior Center, 1407 Seventh Street NW., Miami, Fla., Hon John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Hansen, and Pepper.

Staff members present: Jack G. Duncan, counsel; Ronald L. Katz, assistant staff director; and Marty L. LaVor, minority legislative coordinator.

(Text of H.R. 17763 follows:)

[H.R. 17763, 91st Cong., second sess.]

A BILL To amend the Older Americans Act of 1965 to provide grants to States for the establishment, maintenance, operation, and expansion of low-cost meal programs, nutrition training and education programs, opportunity for social contacts, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Section 1. Title VII of the Older Americans Act of 1965 is redesignated as title VIII, and sections 701 through 705 of that Act are respectively redesignated as sections 801 through 805.

Sec. 2. Section 102(1) of the Older Americans Act of 1965 is amended by deleting the semicolon, and inserting a comma and inserting immediately thereafter the words "except for the purposes of title VII where the term 'Secretary' shall mean the Secretary of Agriculture."

Sec. 3. The Older Americans Act of 1965 is amended by inserting the following new title immediately after title VI thereof:

"TITLE VII—NUTRITION PROGRAM FOR THE ELDERLY

"FINDINGS AND PURPOSE

"Sec. 701. (a) The Congress finds that the research and development grants, title IV, Older Americans Act, nutrition program has demonstrated the effectiveness of and the need for permanent nationwide programs to provide the nutritional and social needs of millions of persons aged sixty-five or older who are unable to overcome the complex and intertwining problems of inadequate diets. Many of these elderly persons do not eat adequately because they cannot afford to do so, while others, who are economically better off, do not eat well because they lack the skills to select and prepare nourishing and well-balanced meals, have limited mobility which may impair their capacity to shop and cook for themselves, and have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, psychological, social, and economic changes that occur with aging result in a pattern of living, which causes malnutrition and further physical and mental deterioration.

"(b) In addition to the food stamp program, commodity distribution systems and old-age income benefits, there is an acute need for a national policy aimed at providing the elderly with low cost, nutritionally sound meals served in strategically located centers such as community centers, senior citizen centers, schools, and other public or private nonprofit institutions suited to such use and through other means toward this purpose. Besides promoting better health among the older segment of our population through improved nutrition, such a program, implemented through the use of a variety of community resources, would be a means of promoting greater opportunity for social contact ending the isolation of old age, increasing participants' knowledge of nutrition and health in general, and promoting positive mental health and independence through the encouragement of greater physical and mental activities.

"ADMINISTRATION

"SEC. 702. (a) In order to effectively carry out the purposes of this title, the Secretary shall—

"(1) create a new division within the Food and Nutrition Service of the Department of Agriculture, under the Assistant Secretary for Marketing and Consumer Services, for the administration of the program;

"(2) make full utilization of the existing services within the Department including but not limited to the Federal Extension Service under the Director of Science and Education; and

"(3) consult with the Administration on Aging, Department of Health, Education, and Welfare.

"(b) In carrying out the provisions of this title, the Secretary is authorized to request the technical assistance and cooperation of the Department of Labor, the Office of Economic Opportunity, the Department of Housing and Urban Development, the Department of Transportation, and such other departments and agencies of the Federal Government as may be appropriate.

"(c) The Secretary is authorized to use, with their consent, the services, equipment, personnel, and facilities of Federal and other agencies with or without reimbursement, and on a similar basis to cooperate with other public and private agencies and instrumentalities in the use of services, equipment, personnel, and facilities.

"(d) In carrying out the purposes of this title, the Secretary is authorized to provide consultative services and technical assistance to any public or private nonprofit institution or organization, agency, or political subdivision of a State; to provide short-term training and technical instruction; and to collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this title.

"ALLOTMENT OF FUNDS

"SEC. 703. (a) (1) From the sum appropriated for a fiscal year under section 708 (A) the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands, shall each be allotted an amount equal to one-fourth of 1 per centum of such sum and (B) each other State shall be allotted an amount equal to one-half of 1 per centum of such sum.

"(2) From the remainder of the sum so appropriated for a fiscal year each State shall be allotted an additional amount which bears the same ratio to such remainder as the population aged sixty-five or over in such State bears to the population aged sixty-five or over in all of the States, as determined by the Secretary on the basis of the most recent satisfactory data available to him.

"(3) A State's allotment for a fiscal year under this title shall be equal to the sum of the amount allotted to it under paragraphs (1) and (2).

"(b) The amount of any State's allotment under subsection (a) for any fiscal year which the Secretary determines will not be required for that year shall be available for reallotment, from time to time and on such dates during such year as the Secretary may fix, to other States in proportion to the original allotments to such States under subsection (a) for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use for such year; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Such reallotments shall be made on the basis of the State plan so approved, after taking into consideration the population aged sixty-five or over. Any amount reallotted to a State under this subsection during a year shall be deemed part of its allotment under subsection (a) for that year.

"(c) The allotment of any State under subsection (a) for any fiscal year shall be available for grants to pay up to 90 per centum of the costs of projects in such State described in section 705 and approved by such State in accordance with its State plan approved under section 705. Such allotment to any State in any fiscal year shall be made upon the condition that the Federal allotment will be matched during each fiscal year by 10 per centum, or more, as the case may be, from funds within the State.

"(d) If, in any State, the State agency is not permitted by law to disburse the funds paid to it under this title in the State, or is not permitted by law to match Federal funds made available for use by such public or private nonprofit institution or organization, agency, or political subdivision of a State, the Secretary shall withhold the allotment of funds to such State referred to in subsection (a). The Secretary shall disburse the funds so withheld directly to any public or private nonprofit institution or organization, agency, or political subdivision of such State in accordance with the provisions of this title, including the requirement that any such payment or payments shall be matched in the proportion specified in subsection (c) for such State, by funds from sources within the State.

"PAYMENTS TO STATES

"SEC. 704. (a) Funds allotted to any State pursuant to section 703 during a fiscal year shall be available for payment to such State for disbursement by the State agency in accordance with such agreements not inconsistent with the provisions of this title as may be entered into by the Secretary and such State agency, for the purposes of carrying out the provisions of this title, during such fiscal year in supplying—

"(1) agriculture commodities and other foods for consumption by persons aged sixty-five or over, and

"(2) nonfood assistance in furtherance of the programs authorized under this title.

"(b) The Secretary shall certify to the Secretary of the Treasury from time to time the amounts to be paid to any State under this section and the time or times such amounts are to be paid to any State under this section and the time or times such amounts are to be paid; and the Secretary of the Treasury shall pay to the State at the time or times fixed by the Secretary the amounts so certified.

"STATE PLANS

"SEC. 705. (a) Any State which desires to receive allotments under this title shall submit to the Secretary for approval a State plan for purposes of this title which—

"(1) establishes or designates a single State agency as the sole agency for administering or supervising the administration of the plan, which agency shall be the agency primarily responsible for coordination of State programs and activities related to the purposes of this title;

"(2) sets forth such policies and procedures as will provide satisfactory assurance that allotments paid to the State under the provisions of this title will be expended—

"(A) to make grants in cash or in kind to any public or private nonprofit institution or organization, agency, or political subdivision of a State (hereinafter referred to 'recipient of a grant or contract')—

"(i) to carry out the program as described in section 706.

"(ii) to provide up to 90 per centum of the costs of the purchase and preparation of the food; delivery of the meals; and such other reasonable expenses as may be incurred in providing nutrition services to persons aged sixty-five or over. Recipients of grants of contracts may charge participating individuals for meals furnished but such charge shall not exceed a per meal limit to be established by each State agency, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the recipients of a grant or a contract.

"(iii) to provide up to 90 per centum of the costs of such supporting services as may be absolutely necessary such as the costs of social services and local public transportation to and from the residences of participating individuals to the extent such costs are not provided by grants for these services from the Administration on Aging, Department of Transportation, Office of Economic Opportunity, or other Federal agency.

"(B) to provide for the proper and efficient administration of the State plan: *Provided*, That the amount expended for such administration and planning shall not exceed a sum which shall be agreed upon between the Secretary and the State agency—

"(i) in making report, in such form and containing such information, as the Secretary may require to carry out his functions under this title, including reports of the objective measurements required by section 706, and keeping such records and for affording such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports and proper disbursement of Federal fund under this title, and

"(ii) in providing satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid by the State to the recipient of a grant or contract.

"(3) provides such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Secretary shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are necessary for the proper and efficient operation of the plan.

"(b) The Secretary shall approve any State plan which he determines meets the requirements and purposes of this section.

"(c) Whenever the Secretary, after reasonable notice and opportunity for hearing to such State agency, finds (1) that the State plan has been so changed that it no longer complies with the provisions of this title, or (2) that in the administration of the plan there is a failure to comply substantially with any such provision or with any requirements set forth in the application of a recipient of a grant or contract approval pursuant to such plan, the Secretary shall notify such State agency that further payments will not be made to the State under the provisions of this title (or in his discretion, that further payments to the State will be limited to programs or projects under the State plan, or portions thereof, not affected by the failure, or that the State agency shall not make further payments under this part to specified local agencies affected by the failure) until he is satisfied that there is no longer any such failure to comply. Until he is so satisfied, the Secretary shall make no further payments to the State under this title, or shall limit payments to recipients of grants or contracts under, or parts of, the State plan not affected by the failure or payments to the State agency under this part shall be limited to recipients of grants or contracts not affected by the failure, as the case may be.

"(d)(1) If any State is dissatisfied with the Secretary's final action with respect to the approval of its State plan submitted under subsection (c) such State may, within sixty days after notice of such action, file with the United States court of appeals for the circuit in which such State is located a petition for review of that action. A copy of the petition shall be forthwith transmited by the clerk of the court to the Secretary. The Secretary thereupon shall file in the court the record of the proceeding on which he based his action, as provided in section 2112 of title 28, United States Code.

"(2) The findings of fact by the Secretary, if supported by substantial evidence, shall be conclusive; but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of fact and may modify his previous action, and shall certify to the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence.

"(3) The court shall have jurisdiction to affirm the action of the Secretary or to set it aside, in whole or in part. The judgment of the court shall be subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code.

"NUTRITION AND OTHER PROGRAM REQUIREMENTS

"SEC. 706. Funds allotted to any State during any fiscal year pursuant to section 703 shall be disbursed by the State agency to recipients of grants or contracts who agree—

"(1) to establish a program (hereinafter referred to as a 'nutrition program') which, five or more days per week, provides at least one hot meal per day and any additional meals, hot or cold, each of which assures a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council;

"(2) to provide such nutrition program for individuals aged sixty-five or over (hereinafter referred to as 'eligible individuals');

"(3) to furnish a site for such nutrition program in as close proximity to the majority of eligible individuals' residences as feasible, and, preferably within walking distance;

"(4) to utilize methods of administration including outreach which will assure that the maximum number of eligible individuals may have an opportunity to participate in such nutrition program;

"(5) to provide a setting conducive to expanding the nutritional program to include recreational activities, informational, health and welfare counseling and referral services;

"(6) to include such training as may be necessary to enable the personnel to carry out the provisions of this title;

"(7) to establish and administer the nutritional program with the advice of persons competent in the field of service in which the nutrition program is being provided, and of persons who are knowledgeable with regard to the needs of elderly persons;

"(8) to provide an opportunity to evaluate the effectiveness, feasibility and cost of each particular type of such program; and

"(9) to give preference to persons aged sixty-five or over for any staff positions, full- or part-time, for which such persons qualify.

"SURPLUS COMMODITIES

"SEC. 707. Each recipient of a grant or contract shall, insofar as practicable, utilize in its nutrition program commodities designated from time to time by the Secretary as being in abundance, either nationally or in the local area, or commodities donated by the Secretary. Commodities purchased under the authority of section 32 of the act of August 24, 1935 (49 Stat. 774), as amended, may be donated by the Secretary to the recipient of a grant or contract, in accordance with the needs as determined by the recipient of a grant or contract, for utilization in the nutritional program under this title. The Secretary is authorized to prescribe terms and conditions respecting the use of commodities donated under such section 32, as will maximize the nutritional and financial contributions of such donated commodities in such public or private nonprofit institutions or organizations, agencies, or political subdivisions of a State.

"APPROPRIATIONS AUTHORIZED

"SEC. 708. (a) The Secretary may utilize the programs authorized under this title in carrying out the provisions of clause (2) of section 32 of the Act approved August 24, 1935, as amended (49 Stat. 774, 7 U.S.C. 614c).

"(b) In addition to any other funds which may be available, there are authorized to be appropriated such sums as may be necessary to carry out the purposes of this title.

"PROGRAM EXPENDITURES

"SEC. 709. Of the sums appropriated for any fiscal year pursuant to the authorization contained in section 708 of this title, not to exceed $50,000,000 shall be made available for the fiscal year ending June 30, 1972, not to exceed $100,000,000 for the fiscal year ending June 30, 1973, not to exceed $150,000,000 for the fiscal year ending June 30, 1974, for grants-in-aid pursuant to the provisions of this title, less—

"(1) not to exceed 3½ per centum thereof which per centum is hereby made available to the Secretary for his administrative expenses under this title;

"(2) direct expenditures by the Secretary for agricultural commodities and other foods to be distributed among the States and such public or private nonprofit institutions or organizations, agencies, or political subdivisions of a State, participating in the nutrition program under this title.

"RELATIONSHIP TO OTHER LAWS

"SEC. 710. No part of the cost of any program under this title may be treated as income or benefits to any eligible individual for the purpose of any other program or provision of State or Federal law.

"MISCELLANEOUS

"SEC. 711. None of the provisions of this title shall be construed to prevent a recipient of a grant or a contract from entering into an agreement with a profit-making organization to carry out the provisions and purposes of this title."

Mr. BRADEMAS. The Select Subcommittee on Education of the House Committee on Education and Labor will come to order.

The members of our subcommittee are most pleased to be here in Miami, Fla., for the opening session of the hearings on H.R. 17763, a bill to amend the Older Americans Act of 1965, to provide nutritional programs for the elderly.

The Miami area has one of the Nation's heaviest concentrations of senior citizens and for some years has been the site of various experimental programs designed to enable older Americans to live out the balance of their years in dignity and comfort. It is, therefore, fitting that a subcommittee of Congress open its hearings on this important legislation here at the Metropolitan Senior Center.

We are pleased also to be in the home district of our distinguished colleague in Congress and good friend, Congressman Claude Pepper, who has been an imaginative and resourceful legislator for 28 years, and who has actively championed the wide range of social legislation from Federal support for education to the present bill which is directed at some of the needs of our older citizens. His colleagues and constituents in Congress know Claude Pepper as a man of vision and of compassion who has a particular concern for some of the less fortunate citizens in our country. The 11th District of Florida is fortunate, indeed, to have Claude Pepper as its representative in Congress. And the American people, I think, as they're represented by Members of the House from other parts of the United States, share my pride in his accomplishments.

The bill, which Congressman Pepper has introduced and which is the subject of our hearings today, would add a new title to the Older Americans Act of 1965 to cover Federal contributions to States for the purpose of providing nutritional programs for the elderly. Last year's White House Conference on Nutrition and the yearly report to the President on the problems of aging both pointed to the need for more adequate nutritional programs for older Americans. The problem of providing an adequate diet for senior citizens has a number of root causes. As the bill notes, some of the problems are caused by inadequate income; others, perhaps, by the older citizen's absence of skills to choose and prepare well balanced meals; still others, by the limited mobility or absence of incentive to eat properly because of feelings of loneliness. Whatever the cause, however, the effects frequently are an accelerating feebleness, a sense of despair, and an old age devoid of joy and dignity.

Congressman Pepper's bill would seek to improve the nutrition programs for older Americans by providing up to $300 million over the next 3 years to be designated to State agencies for several purposes which, I am sure, Congressman Pepper will detail in his opening statement.

The bill before us, then, is addressed to one of our most profound social concerns—the attention and care we, as a Nation, demonstrate for our older citizens.

At this time, I should like to introduce as our first witness. Before I do so, I should perhaps introduce the members of the subcommittee who are present. I am John Brademas, Representative from the Third District of Indiana, and chairman of this subcommittee. And on my left is my distinguished colleague, Congressman Orval Hansen of Idaho.

At this time, I am pleased to introduce as our first witness, the father of the bill, the Honorable Claude Pepper, who will outline his provisions and give the members of our subcommittee the benefit of his views on the need for its enactment.

Congressman Pepper, we're very honored to be here with you today, sir.

STATEMENT OF HON. CLAUDE PEPPER, MEMBER OF CONGRESS, 11TH DISTRICT, FLORIDA

Mr. Pepper. Mr. Chairman and members of the committee, I am most grateful for your generous references to our area, our people and, of course, to our need. My distinguished colleague is the Honorable Dante Fascell who shares the representation of this general area with me. We're very proud, indeed, to have this very distinguished committee come to the Greater Miami area today to give its attention to the important legislation which is the subject of this hearing.

Mr. Brademas. Congressman Pepper, if you will allow me to interrupt, following your own statement I should like to ask unanimous consent that there be included a statement by Congressman Dante Fascell who, shortly before I left Washington, called to tell me how very pleased he was that you were holding hearings here and to indicate his strong support for your bill.

Mr. Pepper. Thank you very much.

It gives me a great deal of pleasure, Mr. Chairman and members of the committee, to have the opportunity to appear here in behalf of the bill which I introduced, H.R. 17763. I am very proud to say that it is cosponsored by the distinguished chairman of this subcommittee, the Honorable John Brademas of Indiana, and the other distinguished member of the subcommittee who honored us with his presence today, the Honorable Orval H. Hansen of Idaho, by my colleague, the Honorable Dante Fascell, and 95 other members of the House of Representatives. This bill would establish a nationwide program to meet the nutritional needs of our citizens, 65 years of age and older.

We have an opportunity in this area, we feel, Mr. Chairman and members of the committee, where we have wealth blended with poverty, to exhibit to the Nation that the lives of senior citizens may be rich and happy, and that we may accept the implication of Browning, "some grow old as yet the best to be." This bill would initially contribute to that happy end.

The fact that you have given this matter such prompt and serious attention by holding these hearings, which open here today, is recognition of your deep concern and great compassion for those whom this bill would aid.

I am pleased to tell you that since the introduction of the bill 8 weeks ago during Senior Citizens Month, H.R. 17763 has already received the support, as I said, of 95 Members of Congress of both parties. This is a sign of a wide and deep-seated desire on the part of Congress to remedy injustices to our senior citizens through a practical and self-respecting program.

Speaking personally, although I have been associated throughout my career with a number of pieces of legislation to improve the standard of life of large numbers of our citizens, none gives me more real pleasure than I feel today in urging upon you, as I hope you will upon the Congress, the provisions of this measure.

I believe that as a Nation, we are deeply concerned to wipe out injustice, to lift the standards of those who through no fault of their own have too little for a decent living, and to make sure that our great strength in technology and our material resources are directed toward humanitarian ends.

In my opinion, all the American people require is that a demonstrated need be presented to them, with supporting evidence, and that a sound program be offered, and it will receive their support.

The improvements in medicine and better living conditions have resulted in a lengthened life span for Americans during the last 50 years. Whereas, there were 3 million Americans over 65 in 1900, there are over 20 million today and we are told that by 1985, there will be more than 25 million of our citizens in this age group.

This situation, which speaks well for medical efforts, has created new and challenging problems. Extra years of life are only meaningful if they can be passed in dignity, in self-respect, and to the greatest extent possible, in good physical and mental health.

The trend toward urbanization and the desire for independent living among both the young and the old is erasing the former pattern of interdependence of generations. The elderly can no longer look forward to spending their later years with their children but must accept that for many their last years will be spent in loneliness.

Let us also keep in mind several salient facts:

1. It is generally agreed that even with recent increases voted by Congress, the maximum social security benefits do not provide an income sufficient for a minimum of decency for our senior citizens.

And I must tell you with regret, Mr. Chairman and members of the committee, that the State of Florida reduces $7 of the $11 extra dollars that we provide on the average of increased social security benefits for senior citizens, and they only allowed $4 of those dollars to go to the individuals whose social security benefits we raised, stating the position that the need was not demonstrated to be enough to require all of the $11 that we added. So when we give $11 a month more from Washington to our senior citizens, those who are on welfare in Florida don't get but $4 of it. I regret it and I hope that policy on the part of our State will be changed.

2. Millions of those who receive old age income benefits retired years ago, when incomes and benefit payments were much lower than

they are today. However, these retired people must still cope with today's high and rising costs for food, housing, medical care, clothing, and so on. Many receive benefits as low as $64 a month.

3. Large numbers do not qualify for social security and, therefore, get no benefits.

At the ninth annual convention of the National Council of Senior Citizens which I attended in Washington last month, some crucial facts were presented:

Some 53 percent of all elderly single individuals and 10 percent of all families of senior citizens have an income of less than $30 a week. One-third of America's poor are actually to be found among our senior citizens. Because of their age, this group must spend proportionately three times as much of their income on medical care as younger persons.

It is natural then, that the rates of malnutrition and illness which confine the victims primarily to their homes are extremely high among those 65 years of age and older.

And I have seen, Mr. Chairman and members of the committee, and seen in this area, not very far from areas of great affluence, scenes out there that make the heart cry; that Americans have to live in that manner.

Many elderly persons are experiencing alienation, complicated by low income and loneliness. This often results in a lack of ability or motivation to prepare nutritionally sound meals for themselves. Many elderly persons do not know the importance of adequate nutrition or how to select and prepare balanced meals on their limited budgets. It is clearly evident that a lack of nourishing and adequate foods can result not only in physical deterioration, but also in serious mental and emotional difficulties.

The Congress has learned, through a series of 3-year research and demonstration programs carried out under title IV of the Older Americans Act that adequate nutrition programs are instrumental in offering senior citizens the means to a dignified and healthy life. Twenty-seven of the projects placed particular emphasis on overcoming the social problems underlying inadequate diets among older people, testing techniques for nutrition programs not only to improve diet but to enhance self-esteem and self-sufficiency. The need for increased social relations was found great among those 69 years of age and older.

Based on data for 2,064 participants in these programs, it was found that the average age was 72, and the total annual income including public assistance was $1,200 a year or about $23 a week.

Broken down into various living costs, it provided only $7.60 a week for all food needs; $7.60 a week for housing; $3.80 for medical and dental care; less than $2 for utilities and less than $2 a week for all other living expenses.

If time permitted, I could draw from my experiences heart-rendering pictures of the personal tragedies that lie behind these figures. But I am sure that the witnesses who follow me, and who have been working with the senior citizens and, in fact, the people themselves will deal more eloquently with the personal aspects.

Mr. Chairman, it is no accident that the opening of these hearings on H.R. 17763 are being held here in Dade County. It was actually the success of this pilot program in revealing the need and offering solutions which provided much of the impetus for the creation of the bill we are now discussing.

The Research and Development projects here enriched the lives of some 500 senior citizens each day for 3 years. They were delightful meals and very happily presented social occasions, as well, for those who attended. The use of senior aides drawn from the senior citizens themselves in a program of mutual self-help not only made the hot meal program a success but also assisted in assuring many elderly citizens the delivery of the surplus Government foods. It is a fact that without that aid many would not have been able to get to the home the monthly surplus food allowance. In 1 month, a single senior aide delivered 155 meals to the homes of those who were too ill to go to the senior center.

Every study of the problem of senior citizens only adds evidence to the pressing need for adequate nutrition and adequate social relationships. I refer, for example, to the conclusions of the White House Conference on Food, Nutrition and Health; the hearings of the Special Committee on Aging in 1963, chaired by the Honorable Harrison Williams, U.S. Senator from New Jersey; the work of the Select Committee on Nutrition and Human Needs in 1969, chaired by the Honorable George S. McGovern, U.S. Senator from South Dakota.

Accordingly, I am proposing legislation to authorize the establishment of a nationwide low-cost meal program for elderly persons in strategically located centers which would provide an atmosphere allowing opportunity for social contacts and providing activities and referral services. This legislation would seek to approach the broad scope of the problems of the aged and as such I am using the concept of "program" to include not only the distribution of meals, but also transportation, food purchase and preparation, staffing, outreach, and evaluation.

As this program would seek to approach the two-fold problem of providing both proper nutrition and social contacts, it is our belief that the only criteria necessary to be eligible to participate should be the age of 65 or over which have been delineated in the bill. No other distinction is made, as demonstration projects have shown that persons financially and physically able to provide themselves with nutritious meals would not use this program; however, the small percentage who would participate would be doing so for the social and ancillary benefits and those should not be denied to anyone.

Despite the financial benefits which would be derived by participation in this program, we have included a provision in the bill preventing any Federal or State government to treat the benefits of this program as income for the purpose of denying full retirement or welfare benefits to the elderly participant. The intent of this legislation would be defeated if a person were denied social security or public assistance because he chose to use the opportunities afforded him under the bill.

Today, I would like to take this opportunity to emphasize the application of the bill at the local level. Although details of the program are left to the discretion of State agencies and local recipients of a grant or contract, certain standards and essential requirements vital to the purpose of the bill are included.

In my bill, only a "public or private nonprofit institution or organization, agency, or political subdivision of a State" would be eligible to apply for a grant to the administering State agency. This would allow local sponsorship by senior centers, churches, schools, local governments, and other appropriate community organizations, thereby utilizing a broad variety of community resources and encouraging wide participation.

Ideally, the site would be located as close as possible to the residence of the eligible individual and preferably within walking distance. Where this is not possible, provision is made for the authorization of the use of the grant to cover the cost of public transportation to bring persons to the centers where such cost is not covered by other Federal grants. This provision is essential because many of the people who would benefit the most from the program are the very people who have difficulty in mobility.

The basic purpose of the meal is to provide the individual with necessary dietary requirements. The grantee is required to provide "5 or more days per week, at least one hot meal per day and any additional meals, hot or cold, each of which assures the minimum of 1/3 of the daily recommended dietary allowance." I am hopeful that grantees who serve only one meal per day will provide instead at least 1/2 of the daily recommended dietary allowance, but such additional requirements is left to the discretion of the State agency and the local grantee.

The first incentive for participation in the program would be the meal itself which the elderly person cannot duplicate at home because he lacks the knowledge, skill, motivation, or financial resources. Later, he may find himself returning also for companionship and activity. As a result of the participation in the meal phase of the program, the elderly person becomes oriented to the social aspects and psychologically receptive to the ancillary benefits.

Among the ancillary benefits are: nutrition training, health and welfare counseling by persons knowledgable in geriatrics and referral services. Frequent contact with other participants and staff would dispel fear, suspicion, and loneliness, and all these factors would achieve what I consider the most important aspect of this bill—integrating the elderly person back into society.

For the homebound persons who are unable to take advantage of the program in a social setting, provision is made for home delivery so that the individual is not denied the meal itself.

Another way of assuring maximum participation is the requirement that grantees assume responsibility for informing the community, particularly the eligible individuals, of the existence of the program.

Mr. Chairman and members of the committee, as this program seeks to alleviate several of the problems of the elderly simultaneously, I have included a provision which would give preference to persons 65 years of age or older for staff positions, if qualified. The advantages of such an arrangement are obvious. The participating individual would not only receive the benefit of the program but would actually become involved in its operation and thereby become involved in the community.

As experience in this field has shown, there are functions in the operation of this program which can be carried out more successfully by a profitmaking organization having skills and resources not available to the grantee. For this reason a provision was included allowing the grantee to enter into contract with profitmaking organizations for more efficient management and to lower costs. For example, meals delivered by caterers to the grantee may be more efficient than maintaining kitchen equipment at each site.

A State which desired to participate in this program would be required to designate a single State agency for the administration of its State plan. The State agency would in turn be authorized to provide grants to local organizations, meeting the requirements set forth in the bill, "up to 90 per centum of the cost of the purchase and preparation of the food; delivery of the meals; and other reasonable expenses as may be incurred in the providing nutrition services." The exact matching requirement would be left to the discretion of the State agency.

The additional 10 percent or more of the cost would be the responsibility of the grantees. This expense may be met by sources such as donations, fund drives, other outside income, and the price of the meal itself. The State agency, however, would determine the maximum the grantee would be permitted to charge for each meal, taking into consideration the income ranges of eligible individuals in the local community and the other sources of income available to the grantee. With this arrangement a State agency would have the flexibility to see that poorer communities would receive a greater portion of the total cost by grant and be permitted to charge a lesser sum to participants. On the other hand, a more prosperous grantee with a greater ability to meet the cost of the program and perhaps with participants who need the social aspects more than they do the nutritional aspects, would receive a lesser portion of the cost and be permitted to charge a larger sum for the meal. Conceivably, one grantee may provide a nutritious meal at a cost to the participant of 10 cents, while another would charge $1. This method would also free the State agency to dispense its funds in a manner so as to cover as wide a base as possible by area and by population, and also insure responsibility for effective implementation of the program.

Mr. Chairman, I want to mention one other important provision of the bill, which provides for the evaluation of "the effectiveness, feasibility, and the cost of each particular type of such program." It is my belief that any new Federal program should undergo evaluation for purposes of compliance with the legislative intent of the bill and I specified this requirement to assure the highest degree of operation at all levels.

Allow me again to tell you what great pleasure it is to have the distinguished chairman and the distinguished member here today to give their consideration of this bill. Your distinguished committee, which has been responsible for many fine legislative achievements in the past, will make a valuable contribution to the welfare of our citizens if you find it in your discretion to report to your full committee the measure which we considered here today. Thank you so much.

(Statement referred to follows:)

STATEMENT OF HON. DANTE B. FASCELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. Chairman and Members of the Subcommittee, it is indeed appropriate that these hearings on H.R. 17763 begin here in Miami, since, for many Americans, retiring to Florida represents a life-long goal.

This bill, originally introduced by my distinguished colleague, Congressman Claude Pepper, would provide federal support for the establishment, maintenance, operation and expansion of low-cost meal programs, nutrition training and education programs. The proposal would provide vitally needed assistance to our senior citizens, and I was happy to cosponsor with Congressman Pepper H.R. 18460, legislation identical to H.R. 17763.

We must face the grim reality that life for a large percentage of present day America's elderly lack the security—both emotional and material—that they richly deserve. Today, with the increased tendency toward urban living, many of our young people move away from home to live their lives independently. It is not that our young people care less about the old than did their predecessors. It is just that the high cost of living leaves these young families with little to contribute toward the economic support of the elderly and that distance often prohibits their contributing much in the way of companionship.

Despite our many efforts and our tropical climate, for most people retiring in Florida, as elsewhere, the actuality does not measure up to the dream. The problems here are, in most respects, similar to the problems confronting senior citizens elsewhere in our land: poverty, deteriorating health, and loneliness.

H.R. 17763 would provide an exciting and effective method of attacking these complex and interwoven problems.

Earlier this year I had the opportunity to address the Members of the Senior AIDES National Advisory Committee here in Miami. The Senior AIDES had implemented, under a Title IV grant administered by the Administration on Aging, a program that furnished hot lunches at low cost to 500 senior citizens daily. This pilot project was extremely successful. At that time I expressed the hope that this program, or a similar one, would be refunded for the Miami area and made available throughout the country to low income elderly—and not solely to those cities participating in the pilot projects. H.R. 17763, if enacted, could accomplish that goal.

One need not be an expert to know that good nutrition is vital to good health. This is of particular importance to two segments of our population—the young and the old. The young require a well-balanced diet to grow; the old require nutritious food to aid the body in fighting the deterioration which comes with age. Unfortunately, a larger proportion of our older population is not obtaining an adequate diet. One reason for this is the low income level of the older population. However, social and psychological reasons are perhaps as important as economic ones. As you all know, many of our elderly live alone. For them, it requires particular effort to select and prepare a well-balanced diet, and the effort sometimes does not seem worthwhile when the meal is to be eaten in the loneliness of one's room. Others are thwarted in their attempts to eat adequately because advanced age has brought health problems which make shopping for and preparing meals an extremely exhausting and discouraging effort. Others simply do not know the requirements of good nutrition.

The program created by H.R. 17763 and H.R. 18460 would provide a well-balanced meal for these persons each day. In addition, educational activities would show them easy and low cost ways of completing their daily dietary requirements.

Further, the Centers which would be established answer a need which is for many the greatest burden of aging—loneliness. Part of the program concept is the creation of an atmosphere of friendliness. The Centers are meant to be places where one can make new friends and enjoy one's meal in the company of persons with like interests. The value of psychological uplift an older person can obtain from such a place cannot be measured in dollars.

The proposal does, however, provide economic assistance. By providing *low-cost* well balanced meals, it allows the elderly to cut down on their expenditures, thereby increasing the amount of money left over for other expenses. Thus, the bill seeks to aid all older people, not just the poor ones.

It is not without foundation that we predict the success of the program of nutritious meals for the elderly. Witnesses here recount the success of a pilot project, similar to the one this bill advocates; the success of the Dade county project has been repeated wherever it has been tried, in rural as well as urban communities. I feel that the program will be an equal success on a national scale.

Mr. Chairman, I stand in full support of H.R. 17763 and urge its recommendation by this Committee.

Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Pepper, for a really splendid opening statement on this important legislation. I have two or three questions that I should like to put to you.

In your bill, as you have drafted it, you have provided that the Federal administrator of the program would be the Secretary of Agriculture, although you want him to consult with the Secretary of Health, Education, and Welfare. You're aware, of course, that this question of who is the most appropriate administrating authority for school lunch programs and other programs, cutting across the lines between the Departments of Health, Education, and Welfare and Agriculture, is a continuing dilemma. I wonder if you could elaborate somewhat, Mr. Pepper, on how strongly you feel about the placement of the administering authority in HEW or Agriculture, and why you feel it is preferable to have it in one place rather than in the other.

Mr. PEPPER. Mr. Chairman, like all of the cosponsors of this measure, my primary concern is the effect of the result of this legislation. We simply want to see to it that the Federal Government makes a nutrition program such as I have described, available to senior citizens in areas all over our country. Now, our thought was that because the Secretary of Agriculture has at his disposal a surplus of agricultural commodities and because that Department has a consumer section in the Department of Agriculture experienced to deal with food programs, he would be the proper Federal official to have the responsibility for this program. But as I say, I'm not dogmatic about that. All I want to do is to have the most effective administrative setup that we can establish.

Mr. BRADEMAS. I have an analogous question that has to do with the administration of the program your bill presently contemplates. The programs the bill authorizes would be administered through a Federal-State partnership with the State agency making the arrangements with local authorities. Could you give us any comment, Mr. Pepper, on the value of having a State agency involved as distinguished from a direct Federal-local pattern?

Mr. PEPPER. Mr. Chairman, my voting record up to this session has indicated that I have preferred consistently that in all programs sponsored by the Federal Government, the Federal Government has need to contract and operate through the local agency directly. The contrary seems to have been the pattern of the recent past. We have run into this very dramatically in the conduct of hearings of the House Select Committee on Crime, which have generally been held in cities. And we've hardly been in a city anywhere in the country—and we've been to the east coast, the west coast, the Middle West, and the South—but the large voice of authority in the city has not complained about not getting enough of the Federal funds. We just this last week held hearings in Philadelphia and the police commissioner of the city complained very strongly that the city of Philadelphia was not getting enough under the plan proposed by the State of Pennsylvania.

But, frankly, we thought in view of what has been manifest of the sentiment of the Congress in the last few years that as a practical matter, if Congress is going to look favorably upon this program, they would prefer to go through a State agency and a State agency, of course, if capable of doing an effective job. So, I did, if you notice, call for a continuing evaluation of the program and that would include the most effective setup.

Mr. **Brademas.** As I read your bill, an institution such as the Metropolitan Senior Center here in Miami could well be the recipient of grants or contracts to operate such a program; is that correct?

Mr. **Pepper.** It would be an ideal sponsor group because we had that program in effect here, and right here in this room we had a mass meeting of contest and protest on the part of the citizens against the discontinuance of this program. The funds ran out. And nobody knows better than some of the people who will speak here today about what this program meant to the people of this area. We know what it means to have it and not to have it, so this center would be an ideal sponsor for the program and the bill contemplates such a sponsor.

Mr. **Brademas.** Well, I hope it's not unseemly if the Chair were to observe, in the event that we were to write this bill into law and get some money for it, that the Metropolitan Senior Center of Miami would not be discriminated against when the first awards were made.

Mr. **Pepper.** I think all of us would think that was a welcome assurance.

Mr. **Brademas.** I just have one other question, Mr. Pepper. I note that as the bill is written, recipients of grants or contracts would be permitted to charge participants for meals, but that the charge could not exceed a specified limit per meal. The limits would be established by the State agency and would take into account the income ranges of eligible individuals in local communities and outside sources of income. Now, the language would lead one to conclude that the program would be open not only to the economically disadvantaged but to all elderly citizens.

Mr. **Pepper.** We felt, Mr. Chairman, that the means test could not be injected into the right of people to get a decent meal. As I said in my statement and as this able committee is so well aware, not all of the people have enough money to buy a good meal, and yet we felt that the number of people who can go out and get a meal anywhere and who would take advantage of the program would be relatively small, and when they did, they would contribute to the social atmosphere of the group.

It would be far better for the program to include a few people who might be able to pay adequately for a meal elsewhere than to have everybody who gets a meal meet the requirements of a means test, although in general, of course, the need of the participants will be taken into account by the State agency. I have felt that the State agency would be well enough informed about the facts that they would fix a fair standard for the price of the meal. Further, we would hope that the amount of money that the State would get from the Federal Government plus what the State and the local sponsor would contribute, would make the meals relatively inexpensive to the ones who receive it.

Mr. **Brademas.** Thank you very much.

Mr. Hansen?

Mr. **Hansen.** Thank you, Mr. Chairman. Let me also echo the sentiments expressed by our chairman in acknowledging our deep appreciation to you, Congressman Pepper, for according us the privilege of coming to your district. We're grateful to you and to your very fine staff for the many courtesies extended to us on this occasion.

Mr. **Pepper.** This is actually in Mr. Fascell's district, but mine is very nearby.

Mr. **Hansen**. We also want to acknowledge your distinguished leadership in this area; the concern that you have expressed and also the thought that has obviously gone into the development of this legislation has rendered a great service. I think this may very well result in the kind of a legislative vehicle that the Federal Government may use to adequately respond to the nutritional needs of elderly people.

I have two or three questions that go to, I think, the concept, as I understand it, of providing these services in areas and under circumstances where there is a sufficient concentration of elderly people to make it worth while. My first question is: Can you give us some kind of an estimate of the numbers of persons who would have to be served from a center in order to make it a feasible operation?

Mr. **Pepper**. Mr. Hansen, if I might, I'd like to defer that question to some of these other witnesses, who are more knowledgeable than I am of the particular workings and capabilities of such centers and who have had experience with them. There is, I believe, about 11 percent of the population of Dade County in the age group 65 years of age and older. I say proudly that I'm in that group.

Mr. **Hansen**. Let me raise——

Mr. **Pepper**. I hope I stay here a long time.

Mr. **Hansen**. I guess we'll all be there, so we'll all have some personal interest.

Let me raise one or two other questions and then you may or may not want to respond, and perhaps others can furnish this information. I'm interested in determining the approximate number of these 20 million persons over the age of 65 in the United States who might be served by this program. Now, I come from what may be classified as a more rural, more sparsely populated area, so my concern is the way that this kind of a program might be adapted to respond to the nutritional needs of older people who don't live in large population centers, who live in the small, rural communities; communities where it would be more difficult to operate and maintain a center or even to deliver meals to homes. So, in the course of the testimony by yourself and others, I think it would be helpful to try to——

Mr. **Pepper**. We do have an opinion, a rough estimate, on that. Our best estimate is about 5 million out of the 20 million of the senior citizens of the country.

Mr. **Hansen**. Would be served under this program?

Mr. **Pepper**. Yes.

Mr. **Hansen**. And can you—have you made any estimate as to the approximate cost to furnish a meal under this program?

Mr. **Gilman**. They've been charging 50 cents a meal here at the local hot plate.

Mr. **Pepper**. They've been charging here——

Mr. **Brademas**. Sir, if you could identify yourself?

Mr. **Pepper**. On my left here is the Honorable Henry Gilman. We call him "Mr. Young Senior Citizen" of this area. He is a member of the executive council of the National Councils of Senior Citizens and president of the Florida Senior Citizens Voting League here. Perhaps he or Mr. McLoud would like to comment on your question.

Mr. **Gilman**. I would say so far they've been charging 50 cents for a hot meal once a day, yeah.

Mr. **Pepper**. That's what we've been charging, about—is that here?

Mr. **Gilman**. That's at the old centers.

Mr. Pepper. Under the old program and the one that's operating presently, the charge has been about 50 cents a meal. Now, you can see that if it's going to be that high, arrangements about the transportation costs or the delivery charges will have to be made, because if it costs somebody 25 cents to go to a place where a meal is served and 25 cents to get home, the cost of the meal has increased to $1. I haven't had a chance to explore yet, but in talking to my good staff people, Mrs. Lasser and Miss DeMayo, who have worked with me on this measure, it occurred to me that there might be a way in working in the program the use of the schoolbuses owned by the board of public instruction. I'm not aware of the fact that they're busy around the noon time. Mr. McLoud says that there's a State law that prohibits it, but we'll have to develop a contributing sponsor which can keep the costs down. But the total cost to the individual to get the meal should not, in my opinion, exceed 50 cents.

Mr. Hansen. Now, you mention that the charging 50 cents—does the 50 cents reflect the total cost involved? Does it take into account the fact that someone could be made available from surplus stocks? Does it include the cost of equipment and staff that——

Mr. Pepper. No, the 50 cents represents about a third of the total cost of the meal. The cost of the meal is approximately $1.50, and the 50 cents reflects about one-third of that cost.

Mr. Hansen. The $1.50 presumably would reflect all of the costs that go into the preparation and service.

Mr. Pepper. Yes.

Mr. Hansen. Thank you very much. Thank you again, my distinguished colleague, in your leadership in this area.

Mr. Pepper. Your committee and this distinguished subcommittee have immeasurably progressed the cause of the people of this country and I can't too often publicly extend my thanks for what this committee and subcommittee has done.

Mr. Chairman, if I might make a presentation, on my right is a very able gentleman, very much devoted to the cause of the senior citizens of this State with whom I have appeared with many times in this room, the chief of the Family Services Department, State of Florida, the Honorable C. W. McLoud.

Mr. Brademas. Mr. McLoud, we are happy to have you with us. Is it my understanding that you will speak now and then we'll hear a word from Mr. Gilman?

Go right ahead. The Chair would like to invite Mr. Pepper to come up and join us here and participate in the questioning so long as he is able to do so.

Mr. Pepper. Thank you very much, Mr. Chairman.

STATEMENT OF C. W. McLOUD, CHIEF OF THE BUREAU OF AGING, DIVISION OF FAMILY SERVICES, STATE OF FLORIDA

Mr. McLoud. Mr. Chairman, I would like to offer a correction of my title; although I wouldn't mind being the director of the State division of family services. I am the chief of the Bureau on Aging, Division of Family Services, Department of Health and Rehabilitative Services.

Thank you, gentlemen, for the opportunity to testify before this, the congressional Select Subcommittee on Education. I am Clifford William McLoud, chief, Bureau on Aging, Division of Family Services, Department of Health and Rehabilitative Services, State of Florida. My responsibility as chief of the bureau on aging is the implementation and administration of the Older Americans Act of 1965 and the 1969 amendments to this act in and for the State of Florida. Our major emphasis prior to the 1969 amendments was the local community programs as provided for under title III of the Older Americans Act.

Title III provides for direct grant to communities on a matching basis for one of three types of community projects; direct services, community planning and development, or training programs for special personnel in aging. We have also accepted responsibility of periodically reviewing programs funded through AOA title IV and title V. We do, of course, maintain a very close liaison with our projects and of the reflected needs of the older Americans living in our fine State of Florida. The AOA Amendments of 1969 have broadly expanded our responsibility to include a much more sophisticated effort towards statewide planning and evaluation of programs both governmental and private designed to provide services to the older Floridian.

Through our various processes we have been able to identify several major problem areas of concern to our senior citizens regardless of their geographic location within our State. These problems are, and not necessarily in order of their degree of priority:

1. Housing.
2. Transportation.
3. Nutrition.
4. Income maintenance.
5. Health.

I know that you gentlemen are concerned perhaps with each of these problems mentioned above; however, our emphasis today is placed on nutrition.

Florida has enjoyed her share of research and demonstration projects under AOA title IV grants during the last 3 years. One of the most successful nutrition demonstration projects was right here in the Miami area through the Senior Centers of Dade County, Inc. We are currently operating a "Meals on Wheels" program in the St. Petersburg area and have recently completed a short term experimental project in the Jacksonville area which involved private industry as a provider of services.

Gentlemen, we have experimented, we've demonstrated, researched, and proven that well operated nutrition programs for senior citizens are necessary for health and well being of our older people. We have also determined that such programs must be subsidized in one form or another. We have found that local, county, and State government does not have at this time the necessary resources to provide the type of financial assistance required to implement such a nutrition program throughout the State.

As you know, gentlemen, there are significant changes taking place in the Nation regarding the Department of Agriculture surplus commodity program and the food stamp program. There has been some dialog, I understand, relating to a possible amendment to the USDA's food stamp program which would allow the use of food stamps for the purchase of prepared meals for the handicapped and senior citizens. Although I have not had the opportunity to review such legis lation, if indeed it does exist, I am persuaded that such a plan would in fact greatly relieve many of the nutrition problems we now have in Florida and in other parts of the Nation.

I would like to digress from my prepared statement just a moment. I did receive the invitation to testify before you before I actually received a copy of the law—of the proposed legislation, and in my thinking and in my reflecting here, as I reflected on the USDA food stamp program, I was not aware of the bill that was to be presented. I feel that as we look at this proposed bill and as we look at the idea behind the use of food stamps, I think perhaps the bill that is prepared would meet that need.

I would be negligent if I did not call to your attention a fact which you may be well aware of, this being, the lack of sufficient funds on the part of the individual is not the only aspect of nutrition problems. We have many seniors with ample resources who are suffering from malnutrition simply because they no longer are motivated to prepare well balanced meals. As an example, Mrs. "X" has an income of $10,000 a year from her husband's estate; she has been a widow for 5 years and lives alone in a condominium on Miami Beach. During her married life she had eight very healthy children, who are all married, very successful and live in various parts of the country with their own families. For years Mrs. "X" had prepared on the average of 25 meals per day which means that she prepared 25 separate meals—she prepared meals for 25 different servings—which were well planned and nutritionally sound. Now that Mrs. "X" is alone, the challenge she once had is no longer present. We find that the eating habits of Mrs. "X" are significantly changed. A daily menu now consists of coffee and toast for breakfast, a soft drink and a peanut butter sandwich for lunch and a bowl of dry cereal and a glass of milk for dinner. With this type of menu day after day there are adverse biological changes in Mrs. "X" which reduce her chances for continued good health and well-being.

Although the above case may be hypothetical it does reflect a problem that is very real; it illustrates the tremendous need that exists for a program that will assure that Mrs. "X" has the opportunity to have at least one well balanced nutritionally sound meal per day. Not only should such a program provide nutritional well-being but should also provide for the sociological interaction with her peers which is an absolute need for the older person living alone.

I'd like to go on the record as being 100 percent in favor of this bill that has been prepared by Congressman Pepper. I would also like to congratulate Mr. Pepper as the architect of this particular bill. I think if this bill were, in fact, made into law, that we could realize a significant reduction in the number of admissions of persons 65 and over into our medically related institutions around the State and around the country; such as hospitals, nursing homes and mild termed convalescent care facilities.

Although I do not have the statistics in front of me, it has come to my attention that there is a tremendous percentage of our older people who are admitted to nursing homes, who are admitted to hospitals, who are there for malnutrition. This malnutrition has brought about some secondary type of illness.

Indeed, there would be a tremendous increase in the physiological and the sociological well being of our senior citizens. And this statement is not mere speculation, gentlemen, it's in fact—it's true. We have witnessed this right here in this room that we're sitting in right now. I think one of the greatest experiences I've ever had was the opportunity of being here at a meal with these older folks and sitting, and watching their faces and watching the glow in them is just wonderful.

There's one other area that I'd like to touch on just a moment, and this is the need I feel to substantiate what Congressman Pepper has indicated: the need to involve private industry in it. I believe that government has—a lot say government has overstepped its bounds very often, but I believe that this is a place where private industry would be most effective. We had this feeling several months ago and through the Older Americans Act—Title III through my office; we did find an experimental project in the Jacksonville area where we did use a private firm as a third party contract in preparing hot meals for seniors in three situations; in medically related facilities, in a high-rise facility where seniors were in group living, and also in the neighborhood living situation. And we found that this was tremendously successful. This company that we have talked with has developed a program where they are going to provide some type of a vending machine where actually a person can receive a nutritionally sound meal from a vending machine.

There is also another area that they're looking at very carefully now—and I'm terribly excited about this—this is what they refer to as "Project Pantry." This is where an individual can purchase once a week a box about three-fourths the size of a shoe box and can place this in her freezer. And in that shoe box are packages of food that are frozen in these containers that you can now buy prepared corn in; just put it in a boiling pot of water.

I think what I'm saying is that we need to emphasize, we need to take a very close look at what private industry has to offer. And contained within this bill, as has been suggested, the provision that private enterprise; that this type of organization can be involved. Thank you.

Mr. **Brademas**. Thank you very much, Mr. McLoud, for your most helpful statement. I was just observing, when you described to us the "Project Pantry," that it is extraordinary reading that we have seemed to have been able, technologically and scientifically, to put together adequate packaging of nourishing meals to send men to the moon, but have not reflected that same technological capacity and skill to make it possible to feed the people of our own country here on earth. And perhaps we ought to get some of the people who are busy in the great NASA installations here in the State of Florida to direct a little of their talent and expertise toward helping put together some programs that will make it possible to feed some of the older citizens who live in the State of Florida. That's just a footnote of an observation.

In view of the fact, Mr. McLoud, that you here in Florida have experimented with nutritional programs for the elderly, what have been some of the principal headaches that you have run into, what are the problems, and what are the thorny aspects of this kind of an enterprise?

Mr. McLoud. I think the problem that constitutes the entire thorn bush, sir, is the lack of funds. I believe that we have the expertise; we have demonstrated, we have experimented, we have researched it. I think we have a program, as a matter of fact I would daresay, sir, that if funds were made available to the metropolitan centers in Dade County today, within 10 days I believe we could be feeding 5,000 people in this type program. I believe that this metropolitan group could be given that challenge and they could develop a model that you could have your colleagues come and see and witness before the bill was even enacted.

Mr. Brademas. So you are, in effect, saying that the kind of programs which Congressman Pepper's bill contemplates for the entire Nation have, at least on the basis of your experience here in Florida, been proved workable if you had enough money to carry them out?

Mr. McLoud. Exactly, sir. As a matter of fact, as far as title III of the Older Americans Act is concerned and, of course, with the amendments to that act, there are certain funds that are made available to the States to carry out the title III programs. When the title IV program expired here in the Miami area, of course, we had a great deal of dialog with persons here concerning the possibility of using title III funds to continue, if not fully, a part of this program. And during our June meeting of the Bureau on Aging, we were able to convince the powers that be, the authorizing authority, that this program here in Dade County needed to continue. Just as a last moment type of thing, we granted to the Dade County Senior Centers some $23,000 to carry this program for another 6 months. So, we feel that just the dollars and cents is what's necessary to continue.

Mr. Brademas. Mr. McLoud, I was interested to see that you called for participation of private industry in the program. As I understand Congressman Pepper's bill, that would be quite possible, not by direct grants from the State agencies to private profitmaking organizations, but rather, as I understand it, Mr. Pepper, the State agency could grant funds to the metropolitan senior centers, for example, here in Miami which in turn could contract out to a private profitmaking organization the responsibility for providing the meals.

The Chair would now like to call on the distinguished author of the bill Congressman Pepper, for any questions he would like to put to Mr. McLoud.

Mr. Pepper. Mr. McLoud, I want to commend you for your support of this measure and what you've been doing in the cause of the senior citizens of this State. I've met with you on many occasions on public affairs like this and we all know that you are trying your best to be helpful to the people.

Is it your conclusion, as a State official in charge of the older Americans programs for the State of Florida, that this measure proposes a program that would be meaningful to the senior citizens of this State and which, in your opinion and out of experience you've had, would be a workable program?

Mr. McLoud. Very much, so, sir.

Mr. Pepper. Do you like the idea of flexibility so that various types of sponsors may be employed, and either public institutions or private enterprise may be brought into the program?

Mr. McLoud. Very much so, sir. As a matter of fact, I might comment on that just a moment. The firm that we acted with in the Jacksonville areas, they were so tremendously interested in this program that they put up $20,000 of their own money. They installed a freezer unit. They bought two vans and equipment for delivery, and the use of micro-ovens and such; it's this type thing. I believe that if we can involve private industry that they would be willing to go that extra mile or 2 miles in order to make sure that this is a successful program.

Mr. Pepper. Is it your conclusion, then, from your experience, that if the Federal Government would take the initiative in inaugurating this program the State and local interest, public and private, would also cooperate in making the program a success?

Mr. McLoud. I have no doubt of this.

Mr. Pepper. Thank you.

Mr. Brademas. Mr. Hansen.

Mr. Hansen. Thank you, Mr. Chairman.

And our thanks to you, Mr. McLoud, for a very helpful testimony. We're fortunate to have someone who has the experience that you have in the various experimental programs that can develop the kind of information that will usefully plan programs contemplated by this bill.

I was interested in your discussion of the motivation that might bring an elderly person to the center to take advantage of a meal that is prepared, and your example of the widow who had adequate financial means but still was not motivated to prepare a well-balanced meal for herself. Now, my question is: Will the existence of this kind of a program with the meal available at a center reasonably close provide the kind of motivation that she would require to bring her to the center for the purpose of having at least one meal a day?

Mr. McLoud. I would say yes. But I would also qualify this by saying that I don't believe that you can open up a center and have meals available and simply let it go at this. I think that there is going to be a tremendous amount of outreach necessary to let this woman know that this center is available, to let her know that it's not a center just where the economically deprived person is going to be for a free meal. I think we need to establish very clearly that this is a social experience, that this is a community center, this is someplace where she can go where she can interact with her own peers; where she can have a meal where she perhaps can be useful in helping in the preparation of this meal. This is where I feel that we can gain tthe remotivation, if you will, of the individuals. I think this is the most important thing that we have found. The senior citizen is a very, very capable person. The senior citizen is constantly searching for some way to be useful regardless of what it might be, and I feel that this program is designed, if it's administered correctly on a local level, so that you can get the involvement of these older folks who are looking for something to do. Now, this woman does not require that this meal be supplemented for her. She just needs some place to go to be a part of the mainstream of living again. This is what she's looking for. And I think if some of our geratologists have mentioned effective use of her leisure time.

Mr. Hansen. So what you're saying, if I understand it, is that the primary motivation that will bring elderly people to the center to take advantage of the meal is perhaps not so much the meal itself and, in many cases, not the financial circumstances, but the opportunity to participate in some activity with other people and to play some kind of a useful part in that activity. Is that correct?

Mr. McLoud. This is correct, sir.

Mr. Hansen. So really, I think this is a point that shouldn't be missed since the mere establishment of the centers is not going to solve the problem; that it's going to take a great deal beyond this——

Mr. McLoud. Very much so.

Mr. Hansen (continuing). To reach these people and to make them feel that they are part of something that responds to their needs.

Mr. McLoud. I feel that you will find in the testimony that will come later from those who are participating in the meal program here that the meal was an important part of the afternoon's activity, but it was just a part. That the social interaction, the getting together with their friends; that the ability to interact with each other was the most rewarding experience, and the meal was there, and it was great and it kept them healthy.

Mr. Hansen. Now, could this interaction take place—could there be some kind of activity that would attract the participation of the elderly people without the meal? Well, how important is the meal?

Mr. McLoud. I think the meal is very important in the area that we're talking about right now. Of course we have in operation throughout the State of Florida, oh, perhaps 40 recognized senior centers that are very active in providing services. I would say that perhaps only two of the centers have any type of activity where a meal is provided. Now, the center is there; the people do participate. We have a center in Daytona Beach and any time of the day or evening that you want to go into that center you'll find just a great number of people. It's interesting about once a week they have a covered dish where they prepare their own food and they bring it down to the center. So, the meal I feel is an important part of it, but it's not the absolute critical need within that center itself. It depends on what type of a center you're operating.

I believe that if we have the meals program; that the meals program in each of the centers, as we would hope to outreach in the State—at the present time, the centers are located in metropolitan areas because this is where we have been able to identify local resources to match it. Now, I can envision the centers with a 90 percent attending. I can envision the centers being set up in the rural areas of our State where these people are not involved with each other at all right now. It doesn't have to be any kind of an elaborate center. I think we can involve ourselves with the use of church buildings, of school buildings while they're not being used.

And I think that as a result of this meals program that we can bring about a greater interaction—we've been dwelling on that word "interaction," but it's so important here—that we can bring about a greater interaction of the rural elderly person out here in—like up into De Funiak Springs, or Chipley, or some of these places where unfortunately we're unable to fund a program because of the lack of local support that we have there. So I can see where this meals program in itself will generate some tremendous center activity not only in the metropolitan areas but in the rural areas.

As I think of the State of Florida with our 900,000 people 65 and over, I believe that we're No. 1 in the Nation as far as the percentage of our total population 65 and over. And I think it's interesting also to note that particularly here in Florida less than 9 percent of our older people depend upon public assistance, and I think this is tremendous. So I think—we're not looking at a State of indigent older persons. We're looking at a State where there is a tremendous wealth of talent and knowledge, experiences, people that are anxious to do something.

Congressman Pepper indicated in his bill where you can use people 65 and older. I think we could set up programs and have an ex-president of General Motors heading up one of these programs for us. We have a project in Clearwater right now that is referred to as "Avon House." The man that is directing that program for us is Dr. Melvin Newquist who for 30 years was the chief medical officer for the Texas Co. and had the direction of their medical programs all over the world. Now he's directing one of our title III programs because he wants to be involved.

Well, I didn't mean to go on about it.

Mr. Hansen. That leads to one final question: that is, within what radius can people be adequately served and attracted to the center that it establishes?

Mr. McLoud. Well, I think that there are actually two operations that we're looking at here: one would be the feeding within a center complex itself, and another would be an attempt to actually deliver meals to a home. I think in our experimenting in the Jacksonville area, we have determined that both are effective. With the center feeding you can reach people, say, within a 2-mile radius as long as they can walk to the center. I don't know that 2 miles is too far to walk. But then, on the other hand we have in the rural area a difficult problem on how to get the meals to these people. But I think we have, through experiment, devised a mobile unit that is able to transport these prepared meals to a—say, to a dropoff center with perhaps only 10 meals dropped here, and 10 meals dropped here. Now, these meals can be dropped in an individual's home, and the people that live within close proximity to this home, they can come for their own little center activity in this home. As I indicated earlier, it does not have to be a large center.

Mr. Hansen. Thank you very much.

Mr. Brademas. Mr. McLoud, I just want to take advantage of your leadership at the State level to put a very quick question to you. What is the State of Florida doing—the State that has so many older citizens in it, as you have indicated—to provide leadership from State moneys for the kinds of programs contemplated in Mr. Pepper's bill?

Mr. McLoud. Well, I hang my head, sir, in shame. The State of Florida is spending less than 4 cents per senior per year for programs. Governor Kirk, at a recent Governors' Conference on Aging that was held in St. Petersburg, in the Tampa area, came before this delegation of 500 people and said, "You know, we're not even spending a nickel for our senior citizens." I'm not sure what the problem is. But I believe that with the proper type of approach to our State legislators—to convince our legislators that our senior citizens are not really a burden, it's going to be a tremendous selling job. I prepared and presented a legislative budget about 2 years ago and had a Senator tell me, "Well, Mr. McLoud, we just do not develop any more programs for our older people because we invite them into the State of Florida and, then, they just become a burden on the taxpayer and the State." And this is where I said, "I beg your pardon, sir," and I pointed out the fact that there was less than 9 percent receiving public assistance, but pointed out also the senior citizens that we have in the State represent an import into our economy of $2½ billion a year; a billion dollars alone to social security. Now, this is quite an industry.

Mr. BRADEMAS. Well, I raise that question because it would seem to me that particularly in this part of the country where, from time to time, one hears a good deal of rhetoric about State's rights, that this area might afford a better exercise in State's responsibilities. And I know, if it's not imprudent of me to make this observation and say to my friend from Florida, Mr. Pepper, that if I were running for Governor in the State of Florida, I think you might hear a rather militant campaign for a Claude Pepper bill at the State level as well as at the national level.

I am sympathetic to the proposal that the bill before us be administered through a State agency, but I must say that I am distressed to find that there's so little leadership that's coming out of your State in an area so crucial to the lives of so many of Florida's citizens.

Mr. MCLOUD. I think that——

Mr. PEPPER. Will my distinguished colleague yield?

Mr. BRADEMAS. Yes.

Mr. PEPPER. I want to express the hope that all of the many candidates for Governor, Democratic and Republican, will take note of what our distinguished chairman has said here today and act accordingly.

Mr. MCLOUD. And I think it's very timely.

Mr. BRADEMAS. Thank you.

Thank you very much, Mr. McLoud, your testimony has been splendid.

The Chair wants to ask Mr. Pepper to introduce our next witness with whom he is well acquainted.

Mr. PEPPER. Thank you very much, Mr. Chairman.

It is with a special pleasure that I present to this distinguished committee this fine, noble, dedicated gentleman who is now about to testify. He and his wife are a team esteemed, respected and loved by all of the senior citizens and, indeed, by other people of this area because they're "Mr. and Mrs. Senior Citizen." This gentleman is a member of the executive committee of the National Council of Senior Citizens, always faithful in attendance, always active in participation in the affairs of that great organization. He is also the president of the Senior Citizens Voting League of the State of Florida.

Mr. Chairman, you see out here some people who have on a little button, "Senior Power" and I have presumed to commend to the people who wear that and who symbolize the sentiment, that the senior citizens will come nearer getting candidates for the legislature to do something effective for their interest if they vote and let themselves be heard at the polls.

So, as being president of the Voter's League of Florida for the Senior Citizens, Mr. Chairman, I'm proud to present the Honorable Henry Gilman.

Mr. Brademas. Mr. Gilman, we're pleased to have you and please go right ahead, sir. After that glowing introduction, we're looking forward with special enthusiasm to hearing from you.

STATEMENT OF HENRY GILMAN, PRESIDENT, FLORIDA SENIOR CITIZENS LEAGUE OF FLORIDA

Mr. Gilman. Thank you, Mr. Congressman Claude Pepper, Mr. Brademas, and Mr. Hansen.

I am going to divert from the preparation of something I had prepared and give a few little details of the situation that we have on Miami Beach. That's where I've been a resident for 14 years; one of the most densely populated areas for our senior citizens. There is a population on all of Miami Beach of approximately 80,000 or 82,000. Sixty-five thousand are 65 years or older. And we find that close to 48 percent of those are people that are really living in condominiums and low-cost housing, and low-cost apartments that really are in dire need. We had an experience knowing some of the situations that some of our elderly live under in the Social Security B Complex.

Mrs. Gilman and I were impounded as captain to go up and down all of Miami Beach from the lower dog track all the way to Broward County; to go from door to door and find out why it is our elderly people didn't sign up for the B Complex. And we had an opportunity to really check in that and we saw, oh, better than 38,000 senior citizens, retirees at that time, and that was in 1965. And we had an opportunity of really seeing poverty. We made notations because we testified in Washington before the Ted Kennedy hearing. And we found real poverty—when I say poverty, I mean people that really needed help and they certainly did need it.

I lived on the beach for the last 14 years. I'm supposed to be retired and I got involved with the senior citizens, and I've been working harder than ever. Mrs. Gilman just celebrated her 80th birthday and my 83d and we're just working just as hard as ever to see what is necessary to see what we can do to help our elderly.

And in checking some of the needs for a hot meal or any food for our elderly, we found that on the beach there was a dire need and there was neglect to recognize that fact because it was Miami Beach. It's supposed to be one of the affluent and high-rise apartments of the country. And we found in going around that there was many an old couple who really needed attention; who needed the proper food. They couldn't do for themselves. And we, therefore, saw to it and there was organized a little group known as SOS, and that was "Save our Seniors." We had no means of getting a meal to these people because, although we have some cafeteria facilities at two of our public elementary schools there, it wasn't financed by the city commission and so forth, so we made arrangements to see that these people got food.

And day after day this SOS crew went out and they supplied them with Federal food and stamps, and checked them and saw what they needed, and gave them—and done the errands for them. And we had occasion on one before Passover, and as a Jewish holiday, a lot of the same type of food came to them, and we came to one woman, and we came there, and we knocked at the door and she opened up, and we saw that she was partially blind. And I said, "We brought you some food and I hope that it is something that you can use and appreciate." And she says, "Well, my neighbor will help me. I can't see—I didn't have breakfast because I misplaced my dentures and I can't find them" because she couldn't see, so, you know, that's some of the situations and that's when we started to organize crews to go around to people like that to check with them; to call them on the phone and make sure if there's anything they need.

And that is the type of work that is so badly needed and you don't realize it, and you don't know of it until you actually get involved.

I'll read now something that I have prepared and it may be some use to that.

The complex human body does need proper food for good health so as to repair constant deteriorating tissue and supply energy for physical activity.

A balanced diet should consist of protein, fats, carbohydrates, vitamins and minerals. The food chosen by most elderly is based on instinct, and influenced by many other factors, such as background, habit, taste, preferences, finance and economic situations. Many persons still consume inadequate and faulty diets which lead to poor health. There is a continuing need to provide information on what is a balanced meal.

I wish to quote from an interview of Dr. Jean Mayer on a "Meet the Press, November 23d, 1969" item, a special consultant to the President of the United States on nutrition and poverty—

> We don't have school lunch programs for elderly here on the beach, an excuse given by our city councils and school committees is that schools are old and not equipped. All of us who have traveled by plane know that airlines have no difficulty in feeding people 15 miles up in the air with no cafeterias or kitchens. If we can do that in the air, we surely can do it on the ground. What we need is a clear realization of our responsibility to the elderly and poverty stricken.

Our President, Richard Nixon, has repeatedly said that the aim of his administration was to eliminate hunger, poverty and malnutrition within the next 3 years. This statement was made by Dr. Jean Mayer, the world's greatest nutritional expert, chosen by President Nixon to head the White House Conference on Food, Nutrition, and Poverty.

Poverty seems to be the cause of the greatest percentage of nutritional problems amongst our elderly and according to the Office of Economic Opportunity, there are about 30 million fellow citizens who have incomes below the poverty line and at least one-half just do not have money enough for a sound nutritional diet.

The United States still has 350 counties which have refused to have any food program, and this is quoted from Dr. Jean Mayer's interview on this particular "Meet the Press": Many of these counties have a great deal of poverty which is running into considerable resistance—admission of such conditions is demonstrated by dismissal of the Director of OEO in the State of New Hampshire, who has shown that a condition of malnutrition and hunger definitely existed in his county—so it is not just in the Southern States that there is resistance to that condition.

And what is worse, we ignore our elderly in an era when there has never been a greater need for service to our needy and poverty stricken.

Instead, America pours billions into armament for Asia and aid for so many foreign countries, but so little for our elderly who ask for so little and still deserve so much.

In this most advanced industrial country in the world with the scientific capacity to land a man on the moon and bring back a few rocks which cost several billion dollars, should make it possible to take care of our poverty and malnutrition stricken millions of elderly who deserve at least one hot meal a day at a nominal cost subsidized by the State and Federal Government. School cafeterias could be used as dining facilities.

Support the National Council of Senior Citizens of Washington, D.C., who have sought to improve the services to all elderly and other age groups.

We must support the Honorable Claude Pepper's bill, H.R. 17763, introduced into Congress for the low-cost meal program and one hot meal a day.

Thank you, gentlemen.

Mr. **Brademas.** Thank you very much, Mr. Gilman. Mr. Pepper, perhaps you'd like to lead off with any questions?

Mr. **Pepper.** Mr. Gilman, are you aware of the demonstration program that we previously had in this area?

Mr. **Gilman.** I haven't seen the bill yet.

Mr. **Pepper.** No; I mean the program for serving low-cost hot meals.

Mr. **Gilman.** Oh, yes, I know that. I'm very much aware because we tried to procure facilities and tried to get that for a lot of the elderly that do need it on the beach.

Mr. **Pepper.** How much did that program mean to the people in this area?

Mr. **Gilman.** Well, all I can say is that we, in our rough estimate, have canvassed from Fifth Street—lower Fifth Street and down to the track—and found that over 2,000 families actually needed at least one good hot meal and plenty of medication.

Mr. **Pepper.** And when that program was discontinued, what was the reaction on the part of the senior citizens of this area to lose it? Was there great sadness?

Mr. **Gilman.** That's right, especially here in Miami. When they discontinued the meals here for awhile, boy, we didn't know what these poor people could do. Fortunately, they found funds for it.

Mr. **Pepper.** Thank you very much.

Mr. **Gilman.** Thank you, sir, and it was a pleasure to testify before you.

Mr. **Brademas.** Thank you, Mr. Gilman. I'm going to call on Mr. Hansen for any questions.

Mr. **Hansen.** Thank you very much, Mr. Gilman, for an excellent statement of the problem.

Let me raise the same question I did earlier to Congressman Pepper and ask for your best judgment on the number of people that would need to be served from some kind of a center in order to make it a feasible operation?

Mr. **Gilman.** Well, we have discussed it on the beach as long as a new community center is under construction now. We requested of our city council that there should be a definite facility and kitchen large enough to accommodate at least 100 people at a time. And I'd say there are several hundred in the lower end of the beach and that one particular community center, and when they develop another community center in the north end of the beach, there will possibly be more and there will be several thousand people on the beach that I know will take advantage of a good meal a day.

Mr. Hansen. Would it take as many as 100 in order to make it—in order to justify the——

Mr. Gilman. Oh, yes.

Mr. Hansen. Could you do it for less or more?

Mr. Gilman. I'd say more. More.

Mr. Hansen. What I'm trying to determine is the adaptability of this center concept to areas that have the lower percentage of elderly people than you do here if, based on the observation made by Mr. McLoud, the center might practically serve an area of about 2-miles radius. Then, from what you're saying, that area would have to have about 100 people in it who could take advantage of the services of the center in order to make the establishment of the center feasible; is that substantially correct?

Mr. Gilman. That's correct. You see, the beach is only a mile and a quarter wide and 14 miles long, and when you put a community center at the lower end of the beach you get it within a radius of 10 blocks there, and it's thickly settled and densely settled with a lot of, unfortunately, old people that come down are either retired and they'll all take advantage of that particular center.

Mr. Hansen. Thank you very much for a very fine statement.

Mr. Gilman. You're welcome.

Mr. Brademas. Mr. Gilman, I want to add my own thanks as well. I would like to observe that it seems to be quite striking, in a part of the United States and in a community that is regarded not only in this country but throughout the world as one of the more affluent cities in America, that you should have the kinds of problems that you've described in seeing to it that older citizens can be assured of nutritionally balanced nourishing meals and this ought to make all the more obvious the depth of this kind of a problem in some of our poorer sections of the United States. In other words, if you have this kind of trouble providing hot meals for older citizens in a rich community like Miami——

Mr. Gilman. Beach.

Mr. Brademas (continuing). Miami Beach, how difficult must that problem be in some of the slum areas of our country and in some of the poor rural areas of our country. I only make this observation to dramatize what seems to me to be the obvious importance of a bill like this one.

Thank you very much, Mr. Gilman.

Mr. Gilman. Thank you very much, sir.

Mr. Brademas. The Chair wants to observe for the benefit of our guests here today, who we're very pleased to have with us, that we propose the following kind of schedule throughout the rest of the day. Next, we are scheduled to have a panel discussion with some persons from the Metropolitan Senior Center in administrative positions and, then, a second panel composed of some senior citizens themselves. Then, probably after lunch, we shall hear from three other witnesses who have positions of responsibility in the Miami area in the field that we're considering.

Our next witnesses, then, are Mrs. Helen McGill, food service supervisor of the low-cost meal program of Senior Center of Dade County, Inc., and Mr. Irving Simson, comptroller of Senior Center of Dade County, Inc. And if both Mrs. McGill and Mr. Simson will come forward, we'll be pleased to hear from both of them at this time. The Chair would like to suggest that perhaps what they could do is each go ahead and give his statement, then, we'll put questions to both of you.

Mrs. McGill, would you like to begin?

STATEMENT OF MRS. HELEN McGILL, FOOD SERVICE SUPERVISOR OF THE LOW-COST MEAL PROGRAM, SENIOR CENTERS OF DADE COUNTY, INC.

Mrs. McGILL. Yes, I will.

Mr. BRADEMAS. Pleased to have you with us.

Mrs. McGILL. Senior Centers of Dade County have been serving the elderly a low-cost nutritious meal for 6 years and so we know how beneficial it is. We know we keep our elderly out of nursing homes and we know we keep them mobile and able to meet their friends in our centers in a social setting over a well-balanced meal once a day.

As the supervisor of the low-cost meal project of senior centers, I plan the menus, keeping in mind that their noon meal may be their only meal of the day and must supply the minimum daily requirements for that day; 4 ounces of protein, three-quarters of a cup of starch and one-half cup of green or yellow vegetables, salad, and dessert, making sure that the needed vitamin contents are included.

We prepare 500 meals daily. Last month we served 7,784 meals of which 250 were delivered to persons who are homebound. We satellite from our commissary kitchen to six locations all located in low-cost public housing for the elderly. The food, after being prepared in the commissary kitchen, is put into steam table pans, loaded into special hot food carriers. The carriers are loaded onto a truck specially equipped with a lift. At the satellite locations, these steam table pans are then transferred to steam tables in the centers. Each location has a serving kichen and a dining room.

The satellite manager handles the setting up of the dining room, dishes up the salads, the desserts, and serves from the steam tables, also cleaning up after service. She is assisted by two or three member volunteers and these volunteers are our own aged people who are members of the center. The truck leaves the main kitchen at 10 a.m. and returns at 2 p.m. bringing the empty food carriers and the pans ready for the next day.

Most centers use paper service and stainless steel tableware. The tables are made attractive. With paper cloths, or place mats, and flowers and greenery are used when available. We try hard not to make the food service or the services institutional in any way. We want to do everything possible to make their eating experience a pleasant one.

Senior centers serves only the members who live either in low-cost public housing or in the nearby community. We feel that loneliness and improper diets are not limited to the poor only, but to all elderly who find the golden years slightly tarnished.

Mr. BRADEMAS. Thank you very much. [Applause.]

Mr. Simson.

STATEMENT OF IRVING SIMSON, CERTIFIED PUBLIC ACCOUNTANT, SENIOR CENTERS OF DADE COUNTY, INC.

Mr. SIMSON. Mr. Brademas, Mr. Hansen, ladies and gentlemen, first, I wish to point out an error in the witness list regarding my association. I am Irving Simson, certified public accountant, employed by Senior Centers of Dade County in that capacity. Formerly, for 3 years, I did perform as comptroller of Senior Centers of Dade County.

My purpose in appearing before you is not to discuss the merits and values of the low-cost meal program of Senior Centers in Dade County, Inc. This is better evaluated and appraised by other individuals who will testify and have testified before you. I would only present to you the financial history and present financial status of this program.

The first support for the low-cost meal program occurred in September 1966, when the Federal Government approved the low-cost meal demonstration program for a 3-year period from September 1, 1966 through August 31, 1969. During this time, senior centers received the sum of $268,325.

The low-cost meal program of Senior Centers of Dade County has been conducted in the following manner: The price charged to the elderly has been for the cost of food alone. In September 1966 at the start of the program, it was estimated that food costs would be 40 cents per meal served, and so this became the amount originally charged. During the first year of operation, the cost of food was actually in excess of this amount, but the deficit was absorbed by funds received from the United Fund. In the second year of the project as food prices continued upward, we had to increase each meal to 50 cents in order to maintain the quality and quantity of the food. From 1967 to 1968, the average cost per meal served was 47 cents, but by late 1968 and 1969 it rose to 51 cents. Since the early part of 1970, our food cost per meal has risen to 54 cents. However, we have still maintained the 50-cent price for each meal as it was believed that this price line should be held in view of many other increased living costs that our members had.

The costs of preparing the food and food handling has been supported by the Federal Government from September 1, 1966 through August 31, 1969. This cost represented the approximate amount of 83 cents per meal served. So, from a total cost of $1.33, the Federal subsidy of 83 cents allowed the members of senior centers to receive these nutritious meals at a price of 50 cents. In addition, it also gave part-time employment to 47 senior members of our community as well as the five full-time employees of supervisor, two cooks and a kitchen helper.

The cessation of funding by the Federal Government on August 31, 1969 and the failure of metropolitan Dade County or any other local agency to pick up the void caused by this cessation, momentarily halted the low-cost meal program. The action taken by Mr. Richard

Whitcomb in his channel 7 nightly news report alerted many concerned citizens to take prompt action themselves and donate private moneys to keep this program alive. The vanguard of this was the Police Athletic League with a single large donation of $6,500 and, then, the "Dollars for Gratitude" campaign of the Cuban refugees. The total raised from November 1969 to date has been approximately $25,000.

Knowing that this small amount of subsidy would not be sufficient to continue the low cost meal program on the same level as when subsidized by the Federal Government, a decision was made to cancel the wages paid to the 47 senior citizens who were employed as dining room aides, cashiers and counter workers and, therefore, some of these volunteered their services until such time as a sufficient subsidy could be obtained.

During the period of time that private citizens had donated moneys to keep the low-cost meal program going, an application had been made to the Florida Bureau of Aging to fund this program under title III of the Older Americans Act. On a modified basis, using the volunteer concept, thereby keeping the cost down, the sum of $47,123 was requested for the fiscal year July 1, 1970, to June 30, 1971, the first year of a 3-year program. The necessary local support of $15,708—commonly known as grantee support—has been asked of metropolitan Dade County. This grantee support is still under consideration from them.

On June 19, 1970, Senior Centers of Dade County was advised that the U.S. Administration on Aging will fund the project until December 31, 1970 in the amount of $22,750.

This level of support represents 42 cents of subsidy costs, as compared to the 83 cents subsidy portion in the Federal demonstration project from September 1, 1966 through August 31, 1969.

In summary, at present, the low-cost meal program administered by Senior Centers of Dade County has a definite life until December 31, 1970. The short term local share of participation—6 months—shall be accomplished, be it with or without the help of metropolitan Dade County, whose help is being withheld only because of its "tax" problems and many calls which limit available moneys. This program, although encompassing the membership of the Senior Centers of Dade County—approximately 6.500—is only reaching a small number of elderly as compared to all of Dade County. The program needs expansion to cover a much greater number of participants and locations than it already has. It has demonstrated during its original 3-year period the values set forth in H.R. 17763.

Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Simson. As I listened to your fascinating recitation of some of the problems you've encountered in funding the low-cost meal program, and as I reflect on answers to my questions by earlier witnesses about the support given by the State of Florida to such programs, I am almost tempted, Congressman Pepper, to come down to Florida and announce as a candidate for Governor myself.

[Applause.]

Mr. BRADEMAS. I must say here is a splendid opportunity—when I realize what a difficult problem you seemed to have had in getting adequate support for continuation of this essential program—this is a splendid area for the exercise, as I said, of some first-class political leadership, whether it comes from a Democrat or Republican is beside the point.

One of the concerns that we, as Members of Congress, must have, of course, is where is the money coming from to pay for such programs. And I wonder if either you, Mr. Simson, or you, Mrs. McGill, could give us some comment, if you have this kind of information, on the average income of the persons you have been serving through your low-cost meal program, and—you make a charge of only 50 cents no matter what the income of the person served, is that correct?

Mrs. McGill. That's right.

Mr. Simson. That is right. The measure of poverty of the individual having the meal is not asked or judged. The Senior Centers of Dade County has an open membership of any person 60 years of age or over and no inquiry is made at that time as to their financial responsibility. And we do not, therefore, maintain such records as to their financial responsibility.

I wish to point out that we are also funded by the National Council of Senior Citizens which administers funds from the U.S. Department of Labor for the purpose of giving employment to the elderly. And one of the guidelines in connection with such employment is the poverty guidelines laid out by them. Originally, this was $1,600 for a single person and $2,000 for a married person in order for them to secure employment.

Mr. Brademas. The Chair will call on Mr. Pepper for any questions he might like to put to the witnesses.

Mr. Pepper. How many people participated in the low-cost meal program conducted through senior centers? I know you mentioned the figure in your statement but I'd like it stated again.

Mrs. McGill. We serve 500 a day. At the time that we shut down because of lack of funds we were serving a little over 600. We now are serving 500 and as I quoted, we served 7,784 last month.

Mr. Pepper. 7,784?

Mrs. McGill. Last month.

Mr. Simson. She refers to meals, not people.

Mr. McGill. Meals served in six locations last month.

Mr. Pepper. Now, how many senior citizens in Dade County do you estimate would take advantage of this program if the kind of a program contemplated by this bill were in effect?

Mrs. McGill. Well, I wouldn't hazard a count. I haven't any idea, but I know we're only reaching such a small percentage of them that it would be startling, I'm sure.

Mr. Pepper. Do you feel that you could now and under the previous demonstration program reach only a small percentage of those who are eligible and would take advantage of a program such as is contemplated under this bill?

Mrs. McGill. That's right.

Mr. Pepper. Thank you very much.

I want to comment for the record here the very fine job in this field which has been done by Mrs. McGill and Mr. Simson, and by Senior Centers of Dade County, Fla.

Mr. **Brademas**. The Chair——

[Applause.]

Mr. **Brademas**. The Chair notes that the third member of our panel this morning has just arrived and wants to ask Congressman Pepper if he will present him to the subcommittee and we'll hear him at this time, and then continue our questions to the panel.

Mr. **Pepper**. Mr. Chairman, it gives me a great deal of pleasure to recognize and present to this distinguished panel a very eminent American and a very devoted acquaintance. We were colleagues in the U.S. Senate, he from Washington and I from Florida. I've always admired his great ability, his deep dedication to any cause he espoused. The Greater Miami area, indeed, the State of Florida is fortunate that he chose to come and cast his lot with us. He's not only an esteemed and highly regarded citizen but he has been a valuable contributor to the welfare and progress of our area and our State. He has been particularly dedicated in his activity and leadership in the cause of senior citizens, has been president of the Senior Centers of Dade County, and no one has worked as hard as he has to do something that would be meaningful to the senior citizens of our area. I am very pleased to present, Mr. Chairman, a friend and the distinguished fellow citizen of our greater area of Miami and Florida, the Honorable Harry Cain.

[Applause.]

Mr. **Brademas**. Senator, I'm not sure if Congressman Pepper was introducing you or nominating you. We're delighted to have you here and we'd be pleased to hear from you at this time.

STATEMENT OF SENATOR HARRY P. CAIN, ACTING PRESIDENT, BOARD OF DIRECTORS, SENIOR CENTER OF DADE COUNTY, INC.

Mr. **Cain**. Well, sir; I would make mention of the fact that Senator Claude Pepper obviously becomes more eloquent with the passing of time. I sat here and just enjoyed every word he said. We have been friends for many years which is by way of being a fair complement because that friendship has withstood and survived many an assault, but it has become so firm that nothing will ever diminish its worth to me, and as always, I am pleased to be in his company and with you. I apologize for being late.

My assumption is really, in having a considered respect for your time, that after you have heard from Mr. Simson and Mrs. McGill, there isn't anything I need to say. These are members of the staff of the Senior centers. They are not only conscientious and faithful but they are extremely able. I had prepared a small two-page, double-spaced statement, dealing with the philosophy of what we're trying to do and I'm not certain I need to read that.

If it sufficies, and if you have any questions for me, you will forgive me if I lean over to either one or both of my two associates and ask them to provide me accurately with substance to respond to your inquiries. I am entirely at your service and so pleased because of what I know to be your interest in these matters that you have found it possible to come and be with us in the Greater Miami area.

Mr. **Brademas**. Thank you very much, Senator Cain. I think we'd be pleased, if it's no longer than that, to hear from you. It's not often that we have a couple of Senators appearing before our subcommittee and we look forward to hearing from you. Why don't you go ahead? Perhaps you would like to summarize your statement?

Mr. Cain. I'd like to thank you, sir. I think it happens less often, to use your own phrase, that one who has been in your business, that always had a great pride in it, to be perfectly willing to cease and desist without saying the first word. That's probably, Senator Pepper, something of a record, but let's see how this goes. There might be something of value in it for all of us.

When poor nutrition exists, and it does persist in the older adult, it serves to further intensify the severity of other conditions which accompany the processes of aging. By an inadequate diet in the elderly, the downward spiral of chronic diseases, and physical and psychic disabilities are virtually assured; parenthetically, gentlemen, we have proven that to be the fact in these years during which low-cost meals have been available, end of parenthesis.

But to move our eyes out somewhere else, it is probably safe to say or reasonable, anyway, that 8 million of our 20 million elderly Americans are at any one time consuming diets inadequate for optimum health. The particular vulnerability of the aged to poor nutrition is related to the following facts in their lives:

First, the income situation; it is one of the relative deprivations and it increases more so as one grows older. There is little doubt that the quality of diet is positively correlated with fixed income.

Second, the aged sustain progressive losses socially, and physically, on which we can all agree, and psychologically, which is equally as important. The stress produced by these very real losses and isolation in most cases results to a very great degree in reduced motivation and capacity to provide food for their own needs.

Third, it is estimated that over a third of the aged live in central city, metropolitan areas. The dilapidation and high population density of these environments and struggle of neighbors to survive, produce hazards for the older person in their proportionate measures.

Two issues arise from such a visible confrontation with reality. The aged poor are hidden too often. And the aged poor of any color are equally vulnerable; to be black and poor is, of course, double jeopardy.

I hope during the time that you are here that you have some opportunity to confer with and exchange views among those black elderly who are participating members here.

Fourth, social custom and the need for psychological continuity with the past, lead the elderly to adhere to diets inappropriate to their age or disease status.

Five, it is suffice to say that we have accumulated a large collection of research about the elderly with regard to poor income status, health problems, psychological stresses, and life styles; all of this is, naturally, available to your committee. Unfortunately, little of this valuable information is used or has been used in the developments of programs to meet the needs of the aged.

One of the exceptions to the rule has been the establishment of the senior centers of Dade County and its hot lunch program. It is the continuation of this program which concerns us here. You will pardon my saying this, please, I believe that it is somewhat immoral to develop and publicize a 5-day weekly demonstration group dining program for the elderly if it is not to be perpetuated.

The elderly, like the rest of us, Senator and gentlemen, need to eat every day. We know that the aging need dietary assistance; planning is only one phase. Actually, providing the food at a price the elderly can pay is another. Assuring them, the elderly, that the program will continue will give to them the hope that they need to help them fulfill their needs in their latter years. It will serve as a blessing, but even more, it is an obligation which all of us who are gainfully employed and strong and, by some measures, are relatively young, owe to them.

In addition, we ought to make every effort to provide the elderly with more cash income to make better food accessible to them. They cannot live on one hot meal per day as many of them do here. Our one hot meal is all they get. Further, they must have the price to pay for their hot meal or meals as well. We must never forget or we shouldn't, anyway, that the major reason that the elderly do not eat well is that they cannot afford to purchase the food they need and ought to have daily.

I firmly believe that coordinated Federal, State, county, and community support is urgently required for these food services not alone in Greater Miami or Dade County but in innumerable places elsewhere throughout our Nation.

I am pleased to be in the company of this committee and I most earnestly congratulate those in and out of public life who are making every effort to continue more and better food service for the elderly here and everywhere. And thanks for permitting me this brief opportunity to be heard.

Mr. BRADEMAS. Thank you very much, Senator Cain. Before I call on Congressman Pepper and Mr. Hansen, to put any questions to you that they may wish, I have one question that stems from the last observation that you made.

You said that you felt it important that there should be coordinated Federal, State, county, and community support of programs like that which you are operating here at this center?

Mr. CAIN. Right.

Mr. BRADEMAS. And, yet, earlier witnesses have testified to the effect that very little support has been forthcoming from State funds in the State of Florida. Would you like to make any comment on that aspect of this problem?

Mr. CAIN. I think what you have been told is correct. My hope is that as time passes there will be that coordinated effort and a fuller measure of cooperation in providing what our aged population needs from coast to coast. Everybody is concerned with financial structures and problems these days, but in this area we are never asking nor will we ever need very much in terms of money.

I think with respect to title III under which we have some hope of, you know, getting a renewed contract, that it's incumbent upon us here at the local level to not only provide the matching percentage required but to do so with enthusiasm and some expression of appreciation for the opportunity to play a part in these great endeavors.

Mr. BRADEMAS. Well, I can appreciate, Senator Cain, the force of your other statement in your testimony in which you observed, as I recall it, that it was in a sense immoral that the Federal Government should begin to subsidize a program of low-cost hot meals and then not continue that support. I should have thought that you would probably not be in disagreement with the conclusion that it is perhaps still more immoral in a State like this for no funds whatsoever to be forthcoming from the taxpayers of the State of Florida to support programs of this kind.

Mr. CAIN. Mr. Congressman, I agree with you, sir, on both points. I ought to make clear, I guess, though I have been so lucky as to be a part of this process since a handful of us got our charter without a dime 10 years ago, when I use that word "immoral" I did so advisedly as an individual and do not ask anyone else with whom I associate to share the vehemence and the strength of my conviction in these matters.

Mr. BRADEMAS. I appreciate that.

Congressman Pepper?

Mr. PEPPER. Senator Cain, we're all very grateful for the splendid statement you made here today. I'd just like to ask you two questions.

One, out of your experience with senior centers and with the low-cost meal programs which we have had in Dade County, what is your observation and your testimony to this committee as to the need for such a program in the Greater Miami area initiated and primarily sponsored by the Federal Government? Is there a dire need?

Mr. CAIN. The blunt fact of the matter, Senator, from where I sit, is that you're not only totally correct in that abbreviated statement, but the need for the kind of food services we here, in six senior centers, extend to roughly 500 fine people a day, is a need that if we can ever find a practical way in which to do it, and the moneys with which to support it it must be extended in Dade County, sir. With its last population count of a million hundred-odd thousand, I would hesitate to try to give you an accurate figure, but I would say that those senior citizens in need of better food in Greater Miami number today; this afternoon, in the tens of thousands.

Mr. PEPPER. Now, the last question, Senator, is this: You are vice president of a large Federal savings and loan association in the South, I believe, and the oldest chartered institution of that character in the country, so you are a businessman associated with and a part of a great financial institution. Do you say now, as a businessman, that you still think that this is a good thing for the Government of our country to initiate and for our State and local interest to support?

Mr. CAIN. Senator, I would say to you as a director of a highly respected competitor savings and loan association that you know exactly what I do for a living. And now in having set down, and I was pleased by the opportunity to compliment your associates, I do not know of a finer, or more compassionate, humanitarian act that our Federal Establishment and the subordinate or lower level government could do. For the desired tranquility and satisfaction which ought to come from being an American of any age, that our Government coud hardly do anything where the returns in term of better health, lowering hospital costs, and more satisfaction in the last—in the declining years of senior citizens could be accomplished than by making more meals available to more people.

Mr. PEPPER. Thank you very much, sir.

Mr. BRADEMAS. Mr. Hansen.

Mr. HANSEN. Thank you very much, Mr. Chairman.

Let me join my colleague in extending to Senator Cain a very warm welcome to these hearings. I'm sure the Senator will not recall, but I recall very well the pleasure of meeting him many years ago when I was a law student and working as a staff assistant to your colleague and our beloved late Senator Henry Dworshak of Idaho.

Mr. CAIN. May I say that you are correct on all counts, so you're refreshing my memory, but your use of the phrase "many years ago" as applied to me could not be more accurate.

Mr. HANSEN. I would make the further observation, Senator, that time has treated you very kindly and I see no lessening at all of the strength and vigor, and the leadership that you furnished in the Senate and the leadership that you are now furnishing in this extremely important area. We are indebted to you for——

Mr. CAIN. Well, I was nibbling for such contribution. You have done it superbly well.

Mr. PEPPER. Mr. Chairman, our distinguished colleague's good health is due to the climate in Florida.

Mr. CAIN. It has done for me what it has done for countless thousands of others; that blessed thing that comes from He on high called the sunshine. And I say that because one of these days many years from now, Mr. Hansen, you and the others may think of retiring, but you'd better hurry. At the rate people are coming, there might not be enough room for you, but we'll bid you welcome under any circumstance.

Mr. HANSEN. It seems to me that we must also address ourselves to another major problem and take the steps that are necessary to make certain that we can still see the sun even though it happens to be shining up there. If we don't deal with some of the environmental problems, we won't enjoy much of the sunshine.

Mr. CAIN. Without being an authority, I would give Florida an increasingly high mark in its political subdivisions in their somewhat new, but increasingly more effective efforts in this area of controlling and protecting the environment.

Mr. HANSEN. Let me also congratulate you for a very fine statement and the perspective into which you have placed this problem.

It seems to me that so much of what we enjoy in this country: it's affluence, the remarkable progress we have made, is in a large measure due to the efforts of those who are now the senior citizens. And now, just at the time when all of us are reaping the benefits from that earlier investment of time and energy and resources by these senior citizens, somehow we're unable or maybe unwilling to let them enjoy some of the benefits that they have created.

Mr. CAIN. If I might say so, Mr. Hansen, I am convinced that we have never been unable. We sometimes have been unwilling, distressingly, because of a lack of involvement and a lack of information. I think you're going to the heart of something, that time does not permit any of us to press today, which is the real reorientation of our national priorities. And when the time comes, and I hope it's soon that we get around to that, the problem we are talking about here today will be somewhere high on that list, and hardly aside from the better health and all the rest of it, an awareness and acknowledgment that the senior citizens of today were the producers, largely, of yesterday which made our affluence possible, and they have not enjoyed any reasonable measure of that affluence because they were brought up in a different day and time where retirement systems and all the rest of it had not come to fruition. And, gee, I'm just, as a simple citizen peasant, I'm so pleased, sir, by your attitude of mind that I would like the record to so reflect that.

Mr. Hansen. Thank you very much, Senator, and thank you also for a very important and valuable contribution to our hearing. Thank you.

Mr. Cain. Then you are finished with me?

Mr. Brademas. Thank you very much, indeed Senator Cain, Mrs. McGill and Mr. Simson. We are very grateful to all three of you for having testified.

Mr. Cain. Those are the people you want to get to know better. We never pay them anywhere close to what they are worth. Because of what they have done, this has been a great establishment.

Mr. Brademas. The Chair would like to observe that we shall now hear from a panel of persons active at the Senior Centers. Following the panel, we propose to break for lunch, and then return to hear three other witnesses.

The following are the members of our next panel: Mr. Rudy Miller, member of the Metropolitan Senior Center. Mr. Miller, are you here? Come up and have a seat.

Mr. Fernando Cervantes, member of the Spanish group of the center, Mrs. Mittie Romero, member of the black group of senior centers, Mr. Leonard Batz, member of the Malcom Ross Center and president of the Inter-Center Presidents Organization, and Mrs. Mattie Brown of the Perrine Service Center.

Yes, come right on up. Now, what the Chair proposes in the interest both of time and affording everyone on the panel an opportunity to be heard, is that we should like to hear from all of you, perhaps in the order in which your names were read. If you would be good enough to summarize as briefly as you can the main points you would like to make, that would enable us to have more time to put questions to you. We are very pleased indeed that you have been willing to give us the benefit of your views on Congressman Pepper's bill and on the program that you have been operating here.

Now, our first witness will be Mr. Miller. Mr. Miller.

STATEMENT OF RUDOLPH MILLER, MEMBER OF THE METROPOLITAN SENIOR CENTER

Mr. Miller. The Honorable Chairman, distinguished members of this committee, members of the panel, ladies and gentlemen, I have here a statement prepared by me why we, as senior citizens of the State of Florida, are strongly in need of a Federalized program.

At this time, I would like to digress for just a moment from the statement that I am going to read. In listening to the remarks and comments made by the gentleman representing the Bureau of Aging in the State of Florida, he admits in fact that they have found out, they have learned our needs, our wants. All he has offered us is that they're contemplating doing this; this is something that they propose for the future. He has not told you in a monetary value of any moneys that have been appropriated by the State of Florida for the relief of the plight of the senior citizens. It is my prime conviction that in his remarks to this panel he has stated more ably than I can in my prepared statement the need, the great need of a Federalized program for the senior citizens not only in the State of Florida but because of reasons not known to me, these same sentiments, the same actions take place all over the country without them appropriating the small sums of money that are necessary to alleviate some of the plights of the senior citizens.

As I complete this statement in view of some of the remarks and comments made to this distinguished body, I would like to add some opinions of my own. Gentlemen, the statement as I have prepared it:

I, Rudolph Miller, a resident of the Robert King High Towers and an active participating member of the Metropolitan Senior Center, would like to present my views concerning why we as senior citizens are in need of a strong Federalized program to protect the dignity of us older citizens as human beings. The urgent need to provide for future help and assistance so vitally needed to enable us to live out the twilight years of our lives as first-class citizens and not deprived of essentials. An inquiry on your part will show for the record that the State of Florida—if the low-cost meal program proved to be a success—would provide some financial support for the continuation of this program.

The hot meal program, in my judgment, has achieved an outstanding success and in the judgment of all the people who are familiar with its purpose and intent. When our State government was called upon to appropriate continuing funds, it acknowledged the program was a success, but they felt the responsibility for the continuation of said program was a matter for our county government and shut the door in our face. Our county government, at that time, accepted the responsibility, appropriated a generous sum of money, increased our supervisory staff to the extent that we could enjoy the use of these beautiful facilities for our entertainment and provide a place where we could associate with our friends and neighbors several evenings a week. This privilege is now denied to us due to lack of funds and staff.

The Center as of now operates on a 5-day week schedule, from 9 a.m. to 4 p.m., Monday through Friday, closed on holidays * * * and no evening entertainments which we used to have and looked forward to. Our Federal, State and local governments have created these beautiful recreational centers for the senior citizens per se, but because of inadequate funding has severely limited their use which, in my judgment, violates the intent and purpose for which these facilities were intended for.

For the past year we had a very pleasant relationship with our local county government. As usual, in the course of events as the time arrived to renew their appropriations for the years to come, they listened, we pleaded, and the request was denied; the basis for refusal being our program was somewhat discriminatory because it did not provide for senior citizens as a whole, so they slam the door in our face, cut us off without a dime, reducing our supervisory staff to the extent that we are now reduced to the level where we no longer have full use of these beautiful facilities and, in effect, declared the luncheon program dead.

This placed us in a destitute position, forcing us to bring our problems to the general public, begging, pleading, and asking for financial support to enable us to carry on this vital necessary program. The response was most generous. The public, all news media, and many fraternal organizations, and individuals responded, because they believed that our low-cost hot meal program was human, just, and essential to many. To all those people who were so understanding, so generous in their donations, so deeply concerned about the welfare of the senior citizens, I express to you on behalf of all of us our deepest gratitude and our sincere thanks. We never forget our friends.

The public response was most generous, although the expenditures required to conduct a successful program was never fully realized as no provisions were made to compensate the many persons required to maintain the kitchen help and service, and many in our group are physically disabled to go through a line, cafeteria style. This problem is now being solved within our membership, volunteered by a gallant group of ladies who are to be highly commended for their services, 5 days a week, from 2 to 3 hours a day. Without their help and assistance, it would be impossible to carry on the program. Some of these ladies are in their seventies, one over 80. God bless them.

Some of the basic reasons for the successful food program are the ingredients which are of good quality, the preparation excellent, the distribution equitable. Under our present operation we are continually faced with a terminal date. No funds. * * * No hot meals.

For the record I would like to submit the following statistics given to me, at my request, with reference to the general level of income of the residents of the Robert King High Towers, a housing project, by Mrs. Helen Lewis, whose official title is housing manager, with her consent to present to this committee. Mrs. Lewis has in excess of 1,000 units under her direct supervision. Regardless of the amount of income, everybody is required by law to pay the minimum amount of $30 per month as individuals or couples whose income does not exceed $150 per month. Those persons receiving in excess of $150 per month are on a graduated basis.

Here are some of the statistics, gentlemen:

Number of residents at present is 365; and 225 of these residents, because of their low income, pay the required minimum of $30 per month. Ninety-five of these residents are on welfare, receiving less than $100 per month as individuals; couples on welfare receiving less than $150; which leaves 140 individuals with income in excess of $150 per month. Mrs. Lewis has informed me that this is the approximate income of all units under her direction. This group includes many veterans.

Because of the plight of these senior citizens * * * because our State government has disowned us * * * because our local government has divorced us * * * we are out on a limb with the "powers that be" sawing and chopping away. Our experience in the past has taught us that we no longer can depend on States or local aid, clearly demonstrated by their refusal to accept their responsibilities and leaving us no alternative but to turn to the Federal Government for the aid and assistance so desperately needed just to survive.

Gentlemen, knowing of the deficiency and the needs of the senior citizen, his despair, his bleak outlook for the future, and humble attitude, you must realize that his only hope lies in a strong federalized program with equitable treatment for all. The urgency is great * * * the need is now.

Mr. **Brademas.** Thank you very much, sir.

Mr. **Miller.** Mr. Chairman, please, I assume there's considerable concern in the minds of the committee and in the minds of people who have just listened to me as to how these people survive. Believe me, I'll tell you how they survive, ask the old man when was the last time that he purchased a new suit of clothes; ask the little lady of the house the last time she was able to purchase a new dress; ask why the majority of the residents cannot afford or purchase the daily newspapers; ask them the last time they went to a movie on their own; ask them about their shopping habits, surplus foods; ask us about our immediate needs.

They're able to provide for their clothes—if you come with me on a shopping spree—as you all know we have the Salvation Army, the Goodwill Industries, other fraternal organizations that are set up; beg and plead for clothes that are discarded, by people who no longer need it or want it. And these agencies mend these clothes and clean these clothes, and some of these clothes are in remarkably good shape. That's where you'll find the senior citizen shopping for the garments that he wears.

As them the last time they went to a movie, they'll tell you "I don't remember." Why, because I—me and my wife in order to go to a movie, there's a bus fare to and from the movie, $1.20, plus the price of admission which in some cases is prohibitive.

Ask them about their shopping habits, you'll find them going to the supermarkets, you'll find them looking at the real nice cuts of meat, you'll find them looking at the price of these commodities, you'll find that they quietly, respectfully put it back and they shop for the cheapest cuts of meat. They go to the part of the counter that disposes hamburger; the prices range from $1.09 a pound to about $0.69 a pound, you'll see them quietly pick up a package of hamburg, with the current prices, $0.69 the cheapest package of meat that they can purchase. All the supermarkets have a counter where they display day old bakery goods. Now, here's all these beautiful baked goods, fresh, that are displayed, but where do they purchase their breadstuffs; that type of needs? They go to this counter that is set aside; used goods, day old goods. This method of shopping enables them to survive.

Now, gentlemen, what about our immediate needs; what do we need as of now? Now, this program that has been introduced to the U.S. Congress by our Congressman, Claude Pepper, whom we dearly admire and we love; we know him to be one of the most compassionate men, one of the most understanding and one of the most helpful to any group within the continental limits of the United States that is in need of assistance. For all he has done for us, we are tremendously grateful.

What are our immediate needs? Our immediate needs are this: What we need immediately, in one hell of a big hurry, is just a little more of what we are receiving at the present time so that in some manner we can offset the spiral inflationary process which is strongly devouring us.

Gentlemen, to the honorable chairman of the committee, to the distinguished members of the committee, I want to sincerely thank you for your patience, your courtesy, and for the privilege of presenting my views. Gentlemen, I thank you.

Mr. **Brademas.** Thank you very much, Mr. Miller. Mr. Miller, if you like, you can feel free to stay here. We propose to hear from the other four of your colleagues and then we'll put questions to all of you.

Mr. **Miller.** Mr. Chairman, I'm going to listen with avid attention in the company of Mrs. Miller in the rear of the hall.

Mr. **Brademas.** I understand. As a bachelor, I understand still better.

Our next witness has a most distinguished name, the Chair wants to observe, Mr. Fernando Cervantes, a member of the Spanish group of the Metropolitan Senior Center. (Spanish spoken.)

STATEMENT OF FERNANDO CERVANTES, MEMBER OF THE SPANISH GROUP, METROPOLITAN SENIOR CENTER

Mr. **Cervantes.** (Replied in Spanish to Mr. Brademas.) Ladies and gentlemen, honorable Congressmen, Mr. Chairman, it is a privilege to be appointed to represent the American Latin members; to explain and answer any questions that you would care to ask me.

In the first place, I want to say that the meals are well balanced, nutritious and tasty. The price of 50 cents is really economical. And Mrs. McGill, supervisor of the lunches, is very careful in preparing same and anxious to please all.

Although the Latin people are not accustomed to the American food, they have acquired a taste for same. I hear the people express their appreciation as they leave this dining room and pass by this table—when I'm doing the cashiering.

We hope that this hearing will take into consideration the necessity of these lunches. Thank you.

Mr. **Brademas.** Thank you very much, Mr. Cervantes. Thank you very much.

Our next witness is Mrs. Mittie Romero, member of the black group at the center. Mrs. Romero.

STATEMENT OF MRS. MITTIE ROMERO, MEMBER OF THE BLACK GROUP, SENIOR CENTERS OF DADE COUNTY, INC.

Mrs. **Romero.** Thank you, sir. To the members——

Mr. **Brademas.** You might take that microphone, Mr. Romero.

Just speak right into the microphone. Please go ahead, Mrs. Romero.

Mrs. **Romero.** To the members of this committee, it is good of you to allow me a few minutes so I can give you my ideas on why the low-cost hot meal program should be continued.

First let me say that being of a senior citizen age, I am close to the needs of the elderly in metropolitan population here, within a public housing project. I know how the average old adult lives; what he needs to eat and what he expects socially and fraternally, and what he wants out of life in his retiring years. I can tell you that utmost in his mind he wants to be with people. What he fears is being alone; being ill, unable to provide himself with proper meals. He craves the company of others, the needs of them.

One of the most noble services ever offered the senior citizens is that of the friendly visitors. I visit the home of the elderly people. They are very much depressed. They wish to have someone each and every day at least; not just an hour but 2 or 3 hours to converse with them. They are very lonesome. They appreciate the meals. I have some that I deliver meals to; that they've been looking constantly every day to the door—"I know you're coming." I say, "By the help of God, I will be here with the meals." And then I'll cover—they're like a big sister. What I mean is the senior aides to the elderly, they are just like a big sister or a big brother to a fatherless child. He or she brings friendship, which I do; I bring hope; I bring cheer, and most important—she brings a hot meal to the senior citizen to their home daily. She can do this only if a hot meal is being offered by a seniors centers.

Here at the senior center at Dade County, we have been giving this service. And, gentlemen, we want so much to continue to give it. And we urge you to make a very great effort to help us continue this most necessary service. I am very interested in this work that I am doing. It helps me spiritually and financially. It helps me to keep up my little trips around. Sometimes when I'm leaving this center with their meals I have a song in my heart, because I enjoy it; making someone else happy as well as myself.

And I want to say that I think we all know that the low-cost meal program has aided the health mentality of the elderly, both physiologically and socially. It is a well rounded and essential service which has helped and is still helping the older citizens to maintain a high degree of wellness, through the improvement in eating habits. And moreover, it has to a very great measure, almost beyond calculation, decreased the need for the institution designed to meet the needs of less fortunate senior citizens.

It is our duty, mine and yours, to find the means to maintain the hot meal. What better way than for all of us in this great land of ours to work together and live together. We all pay taxes to maintain our government. Is it not fitting that our governments should cooperate to help maintain our much needed low-cost meals—I read somewhere that there are about 8 million who need the low-cost meal program. Let's all give it to them then. Let the Federal Government at Washington, the State of Florida, Dade County, and several cities in which are senior centers, community centers, schools and other public and private nonprofit institutions which now offer this program, may help others who want to institute such programs. And in conclusion I want to say that to me, Mittie Belle Romero, God has given the request of my heart, to help the elderly in my old age; to visit the sick and afflicted; to comfort those that are poor in spirit. And, gentlemen, I want to say that I have no personalities, or no persons, or set person in particular—I'm the same with all elderly people, white or black, Chinese or Jews, whatever comes I'm in it.

Thank you.

Mr. BRADEMAS. Thank you very much, Mrs. Romero, for a most eloquent statement.

Our next witness on the panel is Mr. Leonard Batz of the Malcom Ross Center. Mr. Batz, we're pleased to hear from you now.

STATEMENT OF LEONARD BATZ, MEMBER OF THE MALCOM ROSS CENTER, PRESIDENT OF THE INTER-CENTER PRESIDENTS ORGANIZATION

Mr. BATZ. Mr. Chairman, Hon. John Brademas, and distinguished colleagues, I think that after hearing some of the testimony this morning I'm beginning to wonder whether I should be here or not. I am a retiree from Flint, Mich. I was associated with General Motors Corp. for some 40 years. I am at present 62 years old and I am a registered professional engineer in the State of Michigan. I came to Miami because of health reasons and became involved with senior citizens. So, I'm not sure whether I'm a senior citizen or not after the remarks that are made about 70's, 80's, and 85-year-old people.

However, I am the president of the——

Mr. BRADEMAS. We want to hear from some of you younger people, too. Thank you.

Mr. BATZ. Thank you.

I'm president of the Inter-Center President's Council——

Mr. PEPPER. Excuse me. Senior citizens never get old here in Florida.

But the Inter-Center President's Council is made up of the presidents and vice-presidents of each of the six centers of the senior centers of Dade County. So I am involved with 6,500 people and having been with General Motors for 40 years in engineering and research, and development, one gets rather accustomed to problems. So if this seems to be a big one, it is, but I'm going to roll along with it. I wanted to give you this brief background because the statement I intend to make is rather short and I think you're happy for that because time is moving along.

The low-cost meal program instituted by the Senior Centers of Dade County, Inc., is in my opinion one of the finest programs ever devised, not for its nutritional value alone, which to the dietician is most important, but for its therapeutic value.

An analysis of my personal observation of those in the low-cost meals program in five of the six centers, that conversation with well-informed people during the eating periods heightens that person's desire for explanation and resulting knowledge. The quest for knowledge increases a person's desire for a new look, for current events through TV, personal discussion of problems and, of course, the resulting communications; the enlargement of the circle of friends, accepted dignity and above all the approval of others. An improvement of appearance, conduct and the helping of others was also noted. This dramatic improvement was noted among the groups where the ranges of knowledge, interest and experiences varied. Persons in the same category of education, knowledge, same problems, lack of interest remained in the same static state before and after the meal program.

Therefore, it is concluded that the Syracuse University's senior citizens ability testing report, tests for evaluation purposes conducted in the six centers, concluded that senior citizens when given the opportunity will rise above their former station by the help of others.

These conclusions negate the statement contained in the Greater Miami Coalition, Inc., ad hoc committee report dated May 19, 1970, covering the programs for the elderly and the low-cost meals program presented to Mr. Porter W. Homer, county manager, Metropolitan Dade County, Now, the statement that was contained in the report is as follows:

> New eligibility standards would be needed to insure that the program subsidy is going only to the poor.

My statement, my observation is that if it's left in this category only, it will not suffie to improve what we ultimately want as senior citizens by the time I get to be 65.

It's been my pleasure appearing before you and I will be happy to answer any questions that you may have, and I hope I have the opportunity to direct a question to you, august gentlemen and Mr. Claude Pepper.

Mr. Brademas. Thank you very much, Mr. Batz.

Our final witness on this panel is Mrs. Mattie Brown of the Perrine Senior Center.

STATEMENT OF MRS. MATTIE BROWN, MEMBER OF THE PERRINE SENIOR CENTER

Mrs. Brown. Thank you.

The Honorable Claude Pepper and honorable members of the Subcommittee on Nutrition Programs for the Elderly, we the senior citizens program in the nine neighborhood centers of EOPI Centers in Dade County from Opa-locka to Florida City are not—we are not accepted in the hot meal programs in Dade County and never have been included. Therefore, I plead to you for the elderly today to be included in the proposed food program.

Due to the limited income of most of our senior citizens, money goes for rent, medical bills, and utilities which leaves very little money for food. And the purpose of the program not only the senior citizens—the blacks in our own community, and whites who desire to belong to our program.

Mr. Brademas. Thank you very much. Thank you, Mrs. Brown.

The Chair wants to express its appreciation to all of the members of the panel for these excellent statements and would like to invite Mr. Pepper to begin the questioning of the panel.

Mr. Pepper. Thank you, Mr. Chairman.

I do want to join in commending, indeed, the excellent panel and the moving presentation that they have made. Mr. Chairman and Mr. Hansen, you have heard from the heart of our people; they appeared here on what their need is, and it's a very well chosen representative group.

As I understand it, Mrs. Brown, are you saying that the nine economic opportunity neighborhood areas where senior opportunities programs are conducted have not been getting a part of or have not been receiving hot meals under this program that we have?

Mrs. Brown. The nine centers have not or been approved by some means. I don't know just why.

Mr. Pepper. Well, now, there's one question I'd like to address to all of you, including Mr. Miller. Since you are knowledgeable of the program at the time it was funded by the Federal Government has your experience since that time convinced you that unless we have another Federal program where the principal amount of the funds and the initiative are provided by the Federal Government, are we going to have an effective low-cost meal program in our area?

Mr. **Miller.** Mr. Congressman and members of the committee, as I stated in the prepared statement submitted to you by me, that statement expresses the urgent need now why we must have a strong federalized program. The time has passed. Our experience has taught us that we cannot depend upon our State government or upon our local government.

There is one thing that I forgot to submit to you in the course of my presentation which I will submit to you a little later. We have a proposed budget by the Dade County of Florida as proposed by the board of commissioners. They are appropriating the sum of $75,000.

Again, to go in as to why and how they should help to supply the needs and the wants of the senior citizens, let me say this to you, gentlemen, in all sincerity, the needs and the wants of the elderly is the oldest problem known to man. It's a problem that everybody some time or another has to contend with. The thing that distresses me is that the State of Florida, our local governments can spend thousands of dollars determining, or attempting to determine, the needs and wants of the senior citizens and in actuality not appropriate a damn dime for relief.

Of course, we're vitally in need of a federalized program. There is no question about it.

Mr. **Pepper.** Now, Mr. Batz, would you agree?

Mr. **Batz.** I certainly do agree that we need a Federal program. And the reason, most of our problems stem from this—I shall be blunt—all of the wants and needs in the past for senior citizens have been placed in the hands of ad hoc committees. These committees—now, let us remember that these people are willing and want to do something for the older people, but here they are—they're volunteer help. They haven't the time to study the problems precisely. They come up with a recommendation and the recommendation is, generally, because these people don't know. They've never gone into the centers. They've never sat with these people. They've never taken the time to observe what's going on, so they give a weak-kneed report.

And you, Congressmen, I feel sorry for you because what else do you have? You can't come and talk with us because we're never permitted to be on an ad hoc committee so, therefore, you get weak information and, of course, by your own judgment this is all you have. This is why I'm so happy to see you Congressmen here and have the opportunity for these people to talk to you.

Mr. **Pepper.** Thank you very much.

Mr. Cervantes, do you agree?

Mr. **Cervantes.** I agree with this.

Mr. **Pepper.** Mrs. Romero, do you agree?

Mrs. **Romero.** I agree; I agree.

Mr. **Pepper.** And, Mrs. Brown, do you agree?

Mrs. **Brown.** Yes; I agree.

Mr. **Pepper.** Now, there's one other thing. On page 13 of our bill, I I want to call attention to this language: To furnish a site for such nutrition program in as close proximity to the majority of eligible individuals' residences as feasible, and, preferably within walking distance.

Now, on the next page subsection 5, "to provide a setting conducive to expanding the nutritional program to include recreational activities, informational, health and welfare counseling, and referral services." In other words, all of us hope to see the day when there will be a senior center available within reasonable access to every senior citizen and where they can not only get a nutritious hot meal at least once a day, but where there will be facilities where they can meet and mingle together, where they will have opportunity to get away from their loneliness as many of you have said, and where there will be a picture show, and where there will be books and periodicals that they can read; and the paper, because many of them are not able to buy a paper, as some of you have said, and where they can enjoy some of the comfort of this great country.

Do you agree that that is the objective toward which we should be working?

Mr. BATZ. Completely.

Mr. CERVANTES. Absolutely.

Mr. PEPPER. I wanted to bring it to attention that that's the sort of thing that is our aim and toward which we wish to make a contribution.

Mr. BRADEMAS. Mr. Hansen.

Mr. HANSEN. Thank you, Mr. Chairman. I have no questions, but I want to express my own appreciation, along with that of my colleague, for your attendance here and for your very eloquent and forceful statements. You obviously speak from the depth of personal experience and you have, therefore, contributed immeasurably to these hearings by your presence and your testimony. We are grateful to you.

Mr. BRADEMAS. I want to express my own appreciation and to say that I have at least two or three observations regarding the statements that all of the members of this panel have made. First, that it's essential that we seek to encourage support from every level of government for nutritional programs for the elderly, and that the initiative of Congressman Pepper, in introducing a bill at this time, indicates that there are those of us at the Federal level who are strong proponents of an appropriate Federal role suporting this kind of program, but that it is obvious that there has been a vacuum of leadership at other levels of government.

Second, I am impressed by the observation of nearly all of you, particularly those of Mrs. Romero and Mr. Batz, in making clear that nutritional programs for the elderly are advantageous far beyond providing food for elderly citizens, that the entire process of preparing and delivering such meals is a process which affords opportunities for older persons to have contact with one another. It helps overcome loneliness and isolation, and it is a way in which people can have an opportunity both to earn a modest amount of money in preparing and delivering such meals, and also to feel a sense of service to other persons, which is also terribly important in life.

So, these are some of the lessons I've derived from what our panel has said.

Now, Mr. Batz, you wanted to be sure that you had an opportunity to turn the tables and ask a question of all of us, so I hope you will feel free to go ahead and do that right now.

Mr. **Batz**. Thank you, Mr. Chairman. I shall be happy to.

The reason that I introduced myself as I did because this leads to the question or the recommendation in studying House Rule bill 17763, and the list of eligibility, everywhere at 65—it's 65 years of age or more. May I respectfully suggest this recommendation that the eligibility age be tied to social security age limits which is now 62, and in place of 65, because the age limit average will soon be 60 or less and rather than change the bill every year, and to everyone's whim, couldn't we—may I offer this suggestion?

Mr. **Brademas**. Well, I think your point is one that is very well taken. I think that's one which our subcommittee will give very careful attention to when we get into what we call the mark-up part of the bill.

Mr. Pepper, do you have any comment on that?

Mr. **Pepper**. Mr. Batz, I would certainly gladly endorse such an amendment to the bill and I'm glad that you have made the suggestion.

Mr. **Batz**. Thank you. I do not want to feel that I'm an outsider for the next 3 years.

Mr. **Brademas**. Well, thank you all very much.

Now, we have one final witness this morning before we break for lunch, and the Chair wants to announce at this point that we shall return for hearings after lunch at 2 o'clock. We have but two witnesses in the afternoon, and we hope to conclude by 3, if not earlier.

Our final witness this morning is Mr. Harold Friedman of the Florida State Council of Senior Citizens. Mr. Friedman, we look forward to hearing from you.

And again, Mr. Miller, Mr. Cervantes, Mrs. Romero, Mr. Batz, and Mrs. Brown, our subcommittee wishes to express our warm appreciation to all of you for your explicit testimony.

Mr. Friedman, we're happy to have you with us. Would you have a seat, sir, and be kind enough to identify yourself for the record, and then we'll be glad to hear from you.

STATEMENT OF HAROLD FRIEDMAN, MEMBER OF THE FLORIDA STATE COUNCIL OF SENIOR CITIZENS

Mr. **Friedman**. Mr. Chairman and distinguished members of this committee, my name is Harold Friedman. I'm here as a representative of Max Friedson who is the president of the Congress of Senior Citizens and the Supervisor of the Florida Council of Senior Citizens.

Mr. **Pepper**. Mr. Chairman, would you allow me to interrupt the gentleman. Max Friedson is one of the most outstanding, most dedicated citizens of this community for a long long time in the service of senior citizens. His is an illustrious name in the Council of Senior Citizens.

Mr. **Friedman**. Indeed, it is, sir.

The statement is rather short, so I'll read it through without any comment except as to say that I was considerably impressed to hear the testimony of this morning, and as it happens, this statement may, in effect, be a summary of what has been said and also introduce perhaps a new look or a new idea on which to give it further consideration.

The members of the Congress of Senior Citizens take their hats off to our favorite legislator, Claude Pepper, and this distinguished committee for their keen interest in all senior citizens. We agree that the bill Mr. Pepper introduced as a "Nutrition Program for the Elderly" will certainly fill a much desired necessity in the daily lives of many senior citizens. It will undoubtedly help to keep many of them out of the nursing homes and hospitals. This will not only help in preserving the good health of the senior citizens, but the savings on hospital and nursing home costs should go a long way toward financing this program.

We heartily approve the nine points listed under the "Nutrition and Other Program Requirements."

1. To establish a program which will provide at least one hot meal a day.
2. To provide such nutritional program for individuals aged 65 and over, and has just been suggested perhaps only 62 and over.
3. To furnish a site for such a program within walking distance.
4. To utilize methods which will assure that the maximum number of eligible individuals may have an opportunity to participate.
5. To provide a setting to include recreational facilities, and so forth.
6. To include such training as may be necessary to enable the personnel to carry on.
7. To establish and administer the program with the advice of competent people.
8. To provide an opportunity to evaluate the effectiveness, feasibility, and cost of each particular type of such program.
9. To give preference to persons aged 65 or over for any staff, full- or part-time, for which such persons qualify.

We are especially glad to see that our esteemed Mr. Pepper has included point 9. It has long been our contention that there are many senior citizens who can be of great help in the administration and service of any government agency, especially those planned for senior citizens. After all, these people have a lifetime of experience in various fields, they have the understanding gained by their previous years of activity, and they certainly have a greater ability to cope with people of their own age which the young social service and welfare workers have yet to learn.

It seems to us that such a program should aim to supply the needs of those who have no available funds for food, for those who are unable to shop or cook for themselves, and for those living on small fixed incomes who have to "count their pennies" to provide for their daily meals.

For those who have no available funds, I suppose the welfare department could help to provide this need from some central location.

For those who are unable to shop or cook for themselves, this program could provide meals prepared at such a central location and delivered to their homes several times a week.

For those on a limited fixed income, these facilities would be most desirable to help them get at least one daily nutritional meal at a price they can afford to pay.

It seems to us that the facilities of the school cafeterias that offer lunches for schoolchildren could be extended to accommodate this program of feeding the seniors as well. The waste of manpower and the waste of good nutritional food at these centers is simply enormous. Better planning and supervision could easily develop these centers as the most practical facilities to implement this nutrition program. Here again the oldsters could be organized to help themselves and help others in the preparation of the food, in the serving of the food, and other incidental chores towards the proper maintenance of the establishment.

All in all, this nutritional program for the elderly will help to solve another problem for the seniors, and we will refer this bill to our Political Action Committee who will follow it up in the House of Representatives and in the Senate until it is enacted.

I thank you.

Mr. **Brademas**. Thank you very much, Mr. Friedman.

Mr. Pepper?

Mr. **Pepper**. Mr. Friedman, I certainly want to thank you for that excellent statement. It has been very helpful to us and we appreciate your being here.

Mr. **Friedman**. Thank you, sir.

Mr. **Brademas**. I, too, went to express my thanks to you, Mr. Friedman.

I take it that the particular new suggestion that you want this subcommittee to take into account is the idea of making use of the existing mechanism for school lunch programs to afford an opportunity to provide hot meals for senior citizens; is that your thought?

Mr. **Friedman**. That is exactly the main point that has not been fully developed at this hearing as yet. I have information from people who have been working in these facilities, and they are the ones who complain that they're overstaffed, that the enormous amount of food that is wasted and thrown into the garbage is absolutely sinful, and there is no reason why a facility that is already established could not be further extended to accommodate some of these ideas in this nutritional program. It would be easier to us that something that is already established rather than to start a new facility.

Mr. **Brademas**. Thank you very much.

Mr. Hansen?

Mr. **Hansen**. Thank you, Mr. Chairman.

Thank you for a very helpful statement, Mr. Friedman. I was particularly interested in the suggestion that you made which is, indeed, a constructive one. Much of the discussion this morning which has involved the desirability of furnishing one hot meal and one nutritionally balanced meal each day has really dealt with the noon meal. And I'm wondering what the feasibility would be in keeping with your suggestion that a staff and the facilities that are now in being be more efficiently used; that they furnish a meal other than the noon meal. Now, most of these schools, it occurs that they use these facilities to serve a hot lunch.

Mr. **Friedman**. Yes.

Mr. **Hansen**. And they utilize these facilities capacity during the noon time. What practical problems are associated with using these facilities to furnish breakfast or an evening meal?

Mr. **Friedman**. Yes. Well, there is no reason why these facilities couldn't be extended to serve any additional purpose, because they are already there; they're already staffed and there's a great deal of food there which is not consumed, for one. Now, if it were possible for the elders; for those people to step in there and work in conjunction with the staff and plan the distribution of the food, and plan the preparation of the food, why, this could not be perhaps not only a lunch but an evening meal as well. And at the same time, since you are kind enough to dwell on this, I would strongly suggest that these facilities; these schools themselves and the entire facility that the schools have to offer be taken into consideration as a supplement to this, when we speak of recreation, when we speak of cultural activities. These school buildings are idle for a good deal of the time, and there is no reason why we can't make better use of these facilities. And this may be one of the contributions which the county or the State can make toward developing this program to its ultimate fulfillment.

Mr. HANSEN. Thank you again for a very helpful suggestion.

Mr. FRIEDMAN. Ladies and gentlemen, I have a very ample idea, if I may? Why can't they use the school buses to transport these people who need transportation to such facilities? That's a point that's well worth considering.

Mr. PEPPER. Mr. Chairman, if you will allow, I thought of that idea, mentioned it to Mr. Gilman when I was sitting at the table where you are beside Mr. McLoud, who is the representative of the State and he said that there was a State regulation which forbade the use of school buses for such purposes as that. I don't know why that is, but it seems to be.

And if my colleague will allow me to make one other comment, I think your suggestion is an interesting one about the possibility of the use of the school. Of course, in the daytime the school facilities are pretty well occupied.

Mr. FRIEDMAN. Right.

Mr. PEPPER. It might well be that an early evening dinner might be prepared by the schools and perhaps school facilities might be employed while others are furnishing some of these other services which are desired. Your suggestion is well worth looking into.

Mr. FRIEDMAN. Mr. Pepper, when you say that the law forbids us to do certain things, you have been a legislator long enough to know that if we make a law, we can change the law.

Mr. PEPPER. It's a State law and I'm sure these people can change that.

Mr. FRIEDMAN. We'll assist you to our political action committee to get that action if it's required.

Mr. BRADEMAS. Thank you very much, Mr. Friedman. The Chair wants, again, on behalf of himself and Congressman Pepper and Congressman Hansen, to express our appreciation to you for having come, and to the Metropolitan Senior Center, who has afforded us the hospitality of their splendid quarters.

We are now going to recess, to return at 2 o'clock sharp for the final two witnesses. And we are now recessed.

(Whereupon, at 12:20 p.m., the Select Subcommittee on Education was recessed, to reconvene at 2 p.m., the same day.)

AFTERNOON SESSION, 2:10 P.M.

Mr. BRADEMAS. The Select Education Subcommittee will come to order for the purpose of further consideration of the bill introduced by Congressman Claude Pepper, H.R. 17763, a bill to amend the Older Americans Act of 1965, to provide for low cost meal programs, nutrition training, education programs, opportunity for social contacts, and for other purposes.

We have two witnesses this afternoon and we should like to move as expeditiously as possible because we must get a plane back to Washington. We're very pleased to welcome as our first witness Dr. Jean Jones Perdue, a member of the board of directors of the Senior Centers of Metropolitan Dade County, Inc., and a person who has served in other positions of responsibility in the field to which this legislation is, in this case, directed.

Dr. Perdue, we're pleased to have you with us. Would you please go right ahead.

STATEMENT OF DR. JEAN JONES PERDUE, A MEMBER OF THE BOARD OF DIRECTORS OF THE SENIOR CENTERS OF METROPOLITAN DADE COUNTY, INC.

Dr. PERDUE. Mr. Chairman, I am Jean Jones Perdue, M.D., medical director of continuing patient care division of Jackson Memorial Hospital and president of Florida Council on Aging. For the past 9½ years, I have been a member of the board of directors of Senior Centers, Inc., and chairman of the medical advisory committee.

Soon after the beginning of senior centers, we as a board and especially the medical advisory committee, felt the necessity of serving low-cost meals to our members. Through contributions from the community and with volunteer services of the members, a nutritious noon meal was provided. Around this program developed our educational and activity programs, particularly in nutrition and health maintenance. The social contacts made by our members helped them plan the wonderful programs that have kept them active and giving to life.

The health maintenance program which has coordinated community agencies to provide health education and resources has been, we have felt, one of the best in the country. The low-cost meals project of 1966, made possible by the Older Americans Act of 1965, has provided resources to meet the needs of hundreds of people. When our community was to have taken this over in 1969, and failed to do so because of the cut in millage in county taxes, made necessary by the acts of the State legislature, panic ensued among our members. Fortunately, through appeals of the media to our community, volunteer services of the members and the use of aides, this program has been kept going. It is a must, if the health and welfare of our senior citizens are to be maintained. By your very bill, H.R. 17763—introduced May 21, 1970, by Congressman Pepper—this type of program can be expanded to meet the needs of a much larger group of people.

As a physician of over 35 years in Florida, I have cared for many older people and have known that nutrition and prevention of isolation, and loneliness, have been the keystone to success in maintaining the well-being of these people. It is extremely difficult for a person alone to keep up interest in eating and living and they soon deteriorate. Depression and apathy then set in and they become ill. In this day and time, with the cost of medical care skyrocketing, the very preservation of health maintenance more than ever becomes a must—both from the humane and economical standpoint. I know of no other measure that will insure this other than enactment and speedy carrying out of this bill.

As medical director of continuing patient care, division of Jackson Memorial Hospital, it has been amazing to our department to see the small number of members of the senior centers that have had to be hospitalized or institutionalized in extended care facilities or nursing homes. The members of senior centers who have had to be institutionalized is far below the national average of 5 percent. Only one member has had to be institutionalized in a State mental hospital—and she has been returned to the community, in first a foster home, and now a nursing home setting. In over 9 years, and a membership of several thousand, this is indeed a record.

The Florida Council on Aging has a deep and abiding interest in the health care available to the older citizen of the State of Florida and would certainly strongly encourage the passage of H.R. 17763. Thank you for this opportunity of appearing before your committee, and making this statement.

Mr. Brademas. Thank you very much, Dr. Perdue.

We'll begin with Congressman Pepper.

Mr. Pepper. Dr. Perdue, I want to thank you very much, along with the distinguished chairman and a member of the committee for coming here today.

I think your testimony is very, very dramatic. You are telling us, as a doctor of long standing, and of outstanding distinction, that the mental attitude, as well as the balanced nourishment of these senior citizens keep them from getting in the hospital, when otherwise they might have to go there. So that a program like this not only saves them as a healthy normal being enjoying life, but also saves the Federal, State, and local governments money. If they're indigent the State government, as well as our Federal programs, must provide support for them, as in the case of a program which would provide for their care in the hospital, which is a great expense.

So do you think then, that this program is a sound financial venture in that it would be of a preventative nature and lessen the need for expenditures in other areas?

Dr. Perdue. I certainly think so. Up until medicaid came into being our department here in Dade County was spending over $2,000,000 providing care in nursing homes for the older indigent person. This, of course, has dropped some with medicaid, but we have had a department that has furnished medical care to these people in nursing homes, and it has been most distressing that a third of our people have no families to return to and we've tried to get them back in foster homes to take care of some of them, but its been difficult—we've always had a staff here at senior centers to help us plan, along with our department, to get these people back living in the community in order that they could have meals and health maintenance programs providing care for them.

Mr. Pepper. And this has contributed to keeping them out of the hospital?

Dr. Perdue. Very definitely.

Mr. Pepper. Thank you very much, Dr. Perdue.

Mr. Brademas. Dr. Perdue, I'll ask you two quick questions. One, I note in your testimony your observation that adequate funds from county, as well as from State, were not available to support the kind of program that Mr. Pepper's bill would support.

Why do you feel that no more support has been generated from county funds and from State funds for such programs in a State like Florida?

Dr. Perdue. It was quite a shock to us because the county had supported the program here, at senior centers, and when the millage was cut to where the county could not go above 10 mills, and there had to be things cut, senior centers and programs for children, and some programs in the hospital were all cut. This was very distressing to everyone, and it was hard to explain.

Mr. Brademas. So there really isn't any satisfactory answer other than an unwillingness on the part of your local and State leaders to come out in support of such programs?

Dr. Perdue. That's right.

Now, actually, they—we—I think the county kept thinking that at the State level this millage would be allowed to be raised, but after some time, and after tax bills should have gone out, they kept waiting for a decision. When the decision came that they were not allowed to up the 10 mills, I think they were just forced into taking action and this was the manner in which they acted.

Mr. Brademas. And I was also struck, as Congressman Pepper was, by your observation that a much smaller number of senior citizens have had to be hospitalized or institutionalized in extended care facilities and nursing homes than, I take it, you as a physician might normally assume, is that correct?

Dr. Perdue. Well, the reason that I happen to know this is because in our department those people who are medically indigent are placed through the division, and I am medical director of that, and it's been a very striking thing to us that this has been the truth.

Mr. Brademas. Well, I am very grateful to you for your statement. Coming from you as a physician with particular experience in this field, I think your testimony is all the more persuasive.

Mr. Hansen.

Mr. Hansen. Thank you, Mr. Chairman.

May I join my colleagues in expressing appreciation to you, and to your contribution to these hearings, which, I think, is really very important. I think it's fair to say that one of the major obstacles that any new legislation, such as this, is going to cost money during a period when there is a very keen competition for available revenue. It's the cost. For that reason I think your observation is important and relevant. There must be an offset which represents the savings that will accrue, in medical costs and other costs by reason of the more adequate diet provided for older people.

To what extent will the cost of providing better nutrition be offset by the savings, medical costs, and other actual expenses that would otherwise result?

Dr. Perdue. Well, with rising costs as it is, even in your nursing homes today, and particularly, you know, in the hospitals' cost, the way they're spiralling, the cost of food is so very great to these people that I feel that—I couldn't say in what amount, but—and, of course, I know it's not only the food, it's the total program that's been helpful. These people gather together and this is where we have brought all of our health agencies, teach them. We have had physicians to come and give of their time. We've used all of our volunteer agencies as well as the public health agencies in trying to keep them well. We brought the chest units, we brought immunization from influenza and the results have been almost fantastic. Even just this program.

And they come for lunch and we'd be able to tell them about it, you know. Then all that, and education, and all those activities depend on the total part of your program, and I think this, you're going to have to add, as well finding a place to serve their food. It would be hard for me, right at this time, to tell you how many, a percentage, you will serve. But I would like to get out some of our figures and put it against a national average of people of this age being in hospitals and nursing homes and try to send it to you later because I am intensely interested in it myself.

Mr. **Hansen**. Well, I'm sure that we would welcome anything that you could furnish in that area because it seems to me that this is one aspect we should explore in some detail. I suspect that when a pretty careful analysis is made a very substantial part of the cost of the food may be offset in other savings.

Dr. **Perdue**. It seems so to me.

Mr. **Hansen**. Thank you very much. You've been very helpful.

Mr. **Brademas**. Thank you very much, Dr. Perdue. We appreciate your very splendid testimony.

Our next witness, who has requested to be heard this morning, is R. O. Beckman.

Mr. Beckman, would you like to come forward, sir.

Mr. Beckman, I understand that you are presently a member, or have been since 1967, of the Florida Commission on Aging?

STATEMENT OF R. O. BECKMAN, MEMBER OF THE FLORIDA COMMISSION ON AGING

Mr. **Beckman**. I was on the Florida Commission on Aging of which Mr. McLoud was our director, and have been associated rather actively, intensively in that sense, with older folks for the past 16 years. I did not prepare a formal statement and hesitated to throw in a brief observation or two which may or may not be interpreted as criticism.

First of all, I'm in thorough accord with the overall objective of the Federal Government and the need to step in and support a nutrition and food program. There's no question about the need here in Miami where local centers have been handicapped by being cut out of funds. That's largely attributable to our apathy toward older people. Frankly speaking, of all the countries I know in the United States, Dade County is one of the most apathetic and indifferent. I regret to say that, but it's true, and I've lived here for a good many years. But as to the overall objective, I certainly agree that not only Miami but other localities need financial support for sound, feasible operating programs.

With great respect to the members of your committee, and particularly Congressmen Pepper whom we have long admired as an outstanding champion in behalf of the elderly, I don't want it thought I'm getting a bit critical, but I do see a few points in the law (as far as I've been able to check it) that are not clear. There is mention of "eligibility" in the law but no further reference to that term. It seems to me that in this kind of program, because of possible tremendous costs if we undertook to give all people over 65 a free meal, we should have some kind of definition of those in the lower income brackets who are eligible. Free meals for them, with some arrangement by which others in a position to pay what they are able to, will promote social contact, recreational opportunity when brought together at mealtime—an important aspect of the entire food program.

The problem then arises, if we're not going precipitately into legislation of this kind at this time, of getting more factual information instead of the—if I may use the word—emotional approach of citing outstanding and tragic examples of oldsters who are not getting proper food, who are hungry, and there are many of them around the country.

The 30 to 50 food programs now being undertaken in the Nation should be assessed, appraised, and evaluated from the point of view of the benefits, personal, economic, and social derived. Some are in day centers, some are carry-out meals that are important but costly. The housebound are often those that need meal service most.

We need factual information and an analysis of demonstration programs underway to see why they succeed, the extent and nature of service rendered, how they are enjoyed, and particularly their cost. Mr. McKibben, when he headed the senior centers here, told me the overall cost was $1.42 per meal, yet the charge was but $0.50. That differential is such that serving even 5,000 persons though the centers, as Mr. Simson mentioned here, would run to more than a million dollars in Dade County alone. It's difficult to put older folks on the spot with a third-degree social worker quiz but some indication of inability to meet meal costs is needed.

Commissioner on Aging Martin, with that kind of study, could prepare for your committee the hard-boiled facts and expense involved in existing food programs. The Dade program has been fine and, together with public housing, comprises the two outstanding efforts here. But regrettably, the cost of the Dade Centers has been excessive, largely because of overhead expenses. The employment of more senior aides to take over as substitutes and serve with the professional staff would greatly lower operating costs. I'm hopeful some solution will be found.

Without being critical, it seems to me—as Senator Cain pointed out earlier—we need to find the best way of administering a food program. There appears to be nothing in the bill which indicates how control could be effected from the administrative point of view. I may be talking out of order but I do appreciate the courtesy extended me. Incidentally, Mr. Nicholson, regional administrator for the Administration on Aging, is in the audience. He's well informed in this entire field and you might wish to talk with him.

Mr. **Brademas**. Thank you very much, Mr. Beckman.

I think your points are very well taken and we welcome the kind of criticism and constructive suggestions that you afforded us, and I think your point on the importance of our undertaking regarding careful cost analysis of the programs of this kind is exceedingly well taken.

Now, we do have one other scheduled witness. Unless either of my colleagues cares to put a question to Mr. Beckman, the Chair would like to suggest that we bring our final witness on because we are now running rather short of time, and would like to invite Mr. Bill Wynn, the executive director of the United Fund to appear and make his statement.

Mr. Wynn, we're glad to see you. Go right ahead, sir.

STATEMENT OF BILL WYNN, EXECUTIVE DIRECTOR, UNITED FUND

Mr. WYNN. I wish to thank you for giving me the time to express my views on the desirability of continuing the low cost hot meal program in the senior citizens centers of Dade County and wherever else these noble services are presently available. In my humble opinion, it should be a nationwide effort.

Let me, if you please, divide my arguments for low cost meals into two parts. One, the nutritional values of the hot meals for the senior citizens, and two, the socialization of the elderly as they involve themselves into this program. Let us not, however, forget that we must also concern ourselves with the limited mobility of the aged and its housing.

The nutritional value for the senior citizen should be self-evident. The fact that many of them because of limited financial resources cannot buy the proper food is a determining factor in the status of their health. Many, and I will say most, live alone and do not take the time to prepare a well balanced meal at least once a day. Some lack the effort to do so or do not possess the physical strength to help themselves. It is quite obvious that a plan must be devised to assist these elderly to receive a well balanced meal at least once per day.

We, at the United Fund, joined with some demonstrating mothers from the Federal Government to aid the senior citizens over a period of time in providing some low cost meals in Dade County. It is our fervent desire to continue this much needed service. We provide this acute need in an environment in a social setting. Thus we meet the needs with a low cost—$.50—for a nutritionally sound hot noonday meal in strategically located centers. We help to ease and sometimes end the isolation of old age through our well rounded social, educational, and cultural programs while at the same time provide casework assistance and health programs on a professional level. We increase the participant's knowledge of nutrition and health in general and promote the positive mental health and independence through the encouragement of greater physical and mental activities. The serving of the tasty, wholesome and satisfying hot meals is the major attraction at our senior centers.

Hence we must acknowledge that the mere serving of good food alone is not sufficient for the well being of the elderly. A well planned social program is good food too. That this is offered without cost to those who attend our centers is a credit to those who made and still make this facility available to all who apply. It assures better health among the elderly and thus eases the financial strain on public welfare agencies. The days of the alms or poor housing, has thru good public housing and the senior center, been relegated to the past. Now, the senior citizen can live out his most rewarding years in quiet dignity which he is entitled to.

Let me also congratulate those who are endeavoring to form a partnership with the Federal Government, the State, county, and local governments to cooperate in meeting the needs of the senior citizens. Perhaps, they too, realize that one day (and in some cases soon) they will be senior citizens.

I strongly urge that you continue to make every effort to enable us here to continue the low-cost hot meals.

Thank you so much for your time.

Mr. **Brademas.** Thank you very much, Mr. Wynn.

Mr. **Pepper.** Mr. Wynn, on account of your relationship with the United Fund, is it your opinion that if we don't get the Federal Government to sponsor and take the primary responsibility for this program, that we won't have any practical chance of getting such a program in our area?

Mr. **Wynn.** I'm very much in agreement with that statement.

Mr. **Pepper.** Thank you very much, Mr. Wynn.

Mr. **Brademas.** Following Mr. Pepper's questions, Mr. Wynn, this is a theme that has been a reoccurring one during these hearings; why is it so difficult to win adequate county and State support for such programs, as the one contemplated here in Mr. Pepper's bill?

Mr. **Wynn.** I think primarily because State budgets can't afford it. Two, they may not be sufficiently aware of the need of the program, or if it's addressed in such a manner that they would give it the priority in which it's entitled, and while I think that the Federal demonstration effort has been good it may have been short, and it was not comprehensively adopted in this State.

Mr. **Brademas.** The chairman would just like to observe that while he is sympathetic with that response, if you look at the Federal budget, that is also going to be in deficit, one could make the argument that the Federal Government can't afford it either, and, therefore, I would conclude that what we really need to do is make a choice—to make a choice among competing demands for scarce resources at the local, State, and Federal level. Then what we may have to do is say "No" to some demands and say "Yes" to others. This is my own opinion; that the kind of program represented by Mr. Pepper's bill is the kind that we ought to think very seriously about saying "Yes" too, and saying "No" to some other demands that we face.

Mr. **Wynn.** I quite agree. We at the fund have been giving this considerable attention since the demise of the recent program. I think the county has given it some consideration, and our overall hope is to establish this as a priority, and to relate to it in some partnership manner.

Mr. **Brademas.** Thank you.

Mr. Hansen.

Mr. **Hansen.** Thank you, Mr. Chairman.

We wish to extend to you our appreciation for your very helpful testimony. You mentioned a number of the conditions which have created the situation this bill is intended to convert, the large number of elderly people who do not have adequate diets. As you and other witnesses have stated, this is attributable to lack of funds and to lack of motivation and lack of facilities. I expect that even if a program like this were offered that there may be many who would be reluctant to take part in it because of maybe a feeling of pride, of not wanting to seek help from someone else.

My question is to what extent do you think that the institution of a program such as is contemplated by this bill will bring the people in who have the greatest need for the services that will be provided?

Mr. **Wynn.** It is the mere availability of wholesome meals regardless of what structure you make it available under, will be attractive enough to encourage people to partake. They're aware already that they're not getting wholesome balanced diets today, and when they try their meager resources will not allow them to purchase it. Therefore, it does not become, in my opinion, a handout; that it comes as a subsidy that they're very much in need of. And I think the organizational structure of delivering that service to them will remove any things from it that might make it appear that they've got their hands cut.

Mr. **Hansen**. Does this also bring in those who really can afford it, but for other reasons just simply don't provide themselves?

Mr. **Wynn**. It might well do so, but I would imagine that your guidelines will find some way of eliminating those who can afford it from taking advantage of it.

Mr. **Hansen**. To touch another point that was made in your earlier testimony, isn't it also very important that they have the advantage of the other values that come in the participation, in kind of a group activity——

Mr. **Wynn**. Yes.

Mr. **Hansen** (continuing). That is part of an overall program, including the furnishing of meals?

Mr. **Wynn**. Sure. I think those services would continue to be funded.

Mr. **Hansen**. I would suspect that you might then agree to some extent to the observation made by Mr. Beckman, which I think was a very pertinent one, that is, with whatever resources we have available, and they're going to be limited, and they're not going to do as much as we would like to do. This is always the case with a program such as this. That perhaps some means should be developed to make sure that the dollars that are available can reach the largest number of people by applying some kind of a formula that is more responsive to the more critical needs.

Mr. **Wynn**. Right.

Mr. **Hansen**. Thank you very much.

Mr. **Brademas**. The Chair wants to express his appreciation once more to everyone here in Florida for having extended the warm hospitality that you have shown our subcommittee. You have been most helpful. The Chair wants to call on the distinguished Member of Congress, who is the principle sponsor in Congress of this legislation, to say a final word.

Mr. Pepper.

Mr. **Pepper**. Thank you very much, Mr. Chairman, on behalf of my colleague, Mr. Fascell, and myself, and particularly on behalf of the senior citizens of Dade County, we wish to profess our profound gratitude to you and Mr. Hansen for coming here, giving our people an opportunity to be heard, and examining the relevant aspects of this measure.

It has meant much to me to have you here and you see by the response that you have received how much it has meant to our senior citizens. You have complimented them. You have manifested a concern about their welfare, which will be heartening and encouraging for them, and we also would like to thank you.

Mr. **Brademas**. Thank you very much, Mr. Pepper.

And again, I thank all of you, and our subcommittee is now adjourned.

(Whereupon, at 2:50 p.m. the Select Subcommittee was adjourned subject to call.)

OLDER AMERICANS ACT AMENDMENTS FOR NUTRITIONAL SERVICES

WEDNESDAY, SEPTEMBER 16, 1970

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to recess, at 9:35 a.m., the Honorable John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Dent, Daniels, and Hansen.

Staff members present: Jack Duncan, counsel; Ronald L. Katz, assistant staff director; Arlene Horowitz, staff assistant; Toni Immerman, clerk; and Marty LaVor, minority legislative coordinator.

Mr. Brademas. Today marks the second day of hearings before this subcommittee on H.R. 17763, an amendment to the Older Americans Act of 1965, which would cover Federal contributions to States for the purpose of providing nutrition programs for the elderly.

We are pleased to have with us today the distinguished Congressman from New Jersey, Mr. Daniels, who will introduce our first witness.

Mr. Daniels. Mr. Conrad Vuocolo, the director of tenant services of the Jersey City Housing Authority is here to testify on this bill for a nutrition program for the elderly. He has worked most earnestly and most efficiently on their behalf to not only supply decent housing for our citizens but also to provide them with nutritional meals. As you are very, very well aware I believe the testimony before this committee will show that many of our senior citizens, because of lack of adequate finances, are unable to provide themselves with nutritious meals.

It is indeed a pleasure for me to welcome Mr. Vuocolo here, who is a close friend and comes from my hometown, the city of Jersey City.

Mr. Brademas. Thank you very much, Mr. Vuocolo, you come very well recommended. We are pleased to hear from you.

STATEMENT OF CONRAD J. VUOCOLO, DIRECTOR OF TENANT SERVICES, HOUSING AUTHORITY, JERSEY CITY, N.J.

Mr. Vuocolo. At the outset, I would like to express my appreciation to my dear friend, the Honorable Dominick V. Daniels, who is my neighbor and my Congressman from the 14th District of New Jersey, who has arranged with the Honorable John Brademas, chairman of the Select Subcommittee on Education, for me to appear at today's session on the nutritional needs for older Americans.

The United States of America discriminates against its older Americans when it comes to needed nutrition programs. It is my fervent hope that I can, in some small way, do something with my testimony to help knock out the double standard on America's nutritional programs, which is doing irreparable harm by denying needed, compassionate, and simple programing which will help our senior citizens stay alive.

For almost 20 years I have been involved with the Jersey City Housing Authority which administers a program of low-income housing for over 4,000 families comprising over 15,000 individuals. Almost half these families are senior citizens with an average income of a little less than $1,000 per year. In today's economy, all of us can readily see how it is impossible for these elderly individuals to obtain sufficient food which will keep them physically, mentally, and yes, even spiritually alert.

For the past 10 years, at least, we have been begging Washington officials to permit us to have a feeding program for the elderly, but to no avail. In 1961, as a delegate to the White House Conference on Aging, I presented a plan which will allow America to provide community kitchens for the elderly. My plea had no positive result.

Last year, we became involved with a children's feeding program which has been most successful, but only makes me believe, all the more, that our Nation so severely discriminates against the elderly nutritionally.

In the past year we have provided more than half a million servings in breakfast, lunch, and snacks with funding provided by the New Jersey Department of Education, and the U.S. school lunch program, with surplus commodities granted through the U.S. Department of Agriculture. Ironically, in almost all cases the food we served the youngsters was prepared by the elderly. They made sandwiches, baked cakes, prepared hot meals, which had to be served to the children but could not be served to them. They could see but not touch, they could smell the food they prepared but not eat it because of the unrealistic attitudes of our country's policies thus far.

We have asked the USDA, both through Congressman Gallagher and Congressman Daniels, to permit us to obtain surplus food which easily could be served to the elderly right at our own community halls without any further expenditures or cost to the U.S. Government. USDA says the Congress of the United States has their hands tied making it impossible to give us this food. The format will be exactly the same as the hot lunch program for schoolchildren which is now provided and which has been extremely successful.

Our constant pleas have fallen on deaf ears. The USDA can provide some limited articles such as flour, butter, corn meal and hominy grits and other staples of similar character for a meals-on-wheels type operation which handles approximatey 50 confined elderly, who meet the low income criteria, per day in the Jersey City area. This Meals on Wheels program, which is conducted from the Jersey City Housing Authority under the competent leadership of Mrs. Mary Johnson, is funded with approximately $30,000 per year from the OEO.

What the Jersey City Housing Authority would like to do is simply extend our Meals on Wheels service to feed those who are mobile and could come to a community hall and have a hot meal which would be nutritionally correct and would provide a social outlet in that the diners would have much needed companionship.

When your committee fully realizes just the physical problems of elderly people going shopping, being faced with the spiraling costs, and trying to stretch their limited income to make necessary purchases for a meal, then your committee should begin to understand the meaningfulness of the hardships involved.

How many of you gentlemen dine alone without the benefit of service or companionship of others with whom to break bread? I have personally daily contact with elderly individuals who have been eating alone for 20 and 30 years.

I have read with great pleasure the contents of H.R. 17763, which hopes to provide grants to establish senior citizens community kitchens, which I hope will provide the low cost meal programs which are so desperatey needed. In every major city across the land and in many suburban and rural areas there are public housing developments that could and should eagerly open its doors in community areas to provide such programs.

We in Jersey City, through the intercession of our local Congressman, have for the past 5 years been funded by the Project Mainstream grant through the U.S. Department of Labor which allows us to hire persons 65 years of age or over. The Jersey City Housing Authority, since 1965, has hired 39 such individuals and has placed them in various hospitals, social agencies, city and county administrative offices where they were paid approximately 35 hours per work week.

Ironically, they are now involved in food service programs feeding the young in hospitals and public schools and students in nutritional programs. This is beyond belief to have the elderly working in food service programs which do not provide such feeding assistance for those in their own age category.

We strongly urge the passage of this bill, which will amend the 1965 Older Americans Act. We urge necessary surplus commodities allocations by the USDA, and we urge suitable work programing which will bring this nutritional program to fruition.

Last December 1969 I was a delegate to the White House Conference on Food, Nutrition and Health. Many of the discussions centered about the inability of America's elderly to eat properly on their limited budgets. We believe that the passage of your bill would fill the void brought out time and time again during this White House Conference. I pray there will be no long delay because a recent survey shows that some of the senior citizens living in our units are surviving on less than the price of three good cigars per day.

One recommendation I would like to make amending your bill would make it mandatory that all new public housing units for the elderly being built have the facilities and program schedule which will allow this time feeding program to be put into action.

The Jersey City Housing Authority stands ready, willing and able to be the very first in this Nation to make this program work with the enactment of this legislation.

When your bill is passed we would like to extend an invitation to your honorable committee, through our Congressman Daniels to come to Jersey City and see our feeding program for the elderly in action. Without question it will warm your hearts.

I appreciate the privilege of being invited to testify before this honorable body.

Mr. **Brademas.** Thank you very much for your most useful statement. In essence, I take it, what you are saying is your hope for the legislation under consideration is that it would make possible the provision on a nationwide level of the kind of meals on wheels service program which you in Jersey City, through your housing authority, have been providing to older citizens there, is that correct?

Mr. **Vuocolo.** Meals on Wheels provides basically services for people confined to their homes. We now have that, we serve approximately 500 such people a week. We would like basically, in addition to bringing the food to the people who cannot get out, to have a dining room in the community halls where those who wish to come down can sit down and break bread.

Mr. **Brademas.** I notice on page 2 of your statement you say your program handles approximately 50——

Mr. **Vuocolo.** 50 to 75 and at the end of the week it is about 350 to 400.

Mr. **Brademas.** What kind of problems have you encountered, aside from lack of enough money to expand the program? What kind of problems have you encountered in the actual mechanics of the Meals on Wheels program that you think would be helpful to us to have in mind in writing this legislation?

Mr. **Vuocolo.** One tremendous aid would be to have the U.S. Department of Agriculture release those surplus commodities which can be made of use to the program. For example now they give flour, they give butter, they give hominy grits, and things of that sort. But in the national school lunch program, which comes from the same USDA warehouse in Jersey City, they are authorized meats, vegetables, turkeys, chickens, and so forth. If some of these items could be made available to such a feeding operation we would have no problem. At the present time we have the work crew who could supply this program, we have the facilities, we have the hungry people, all we need from this enactment is authorization from the U.S. Department of Agriculture to treat the elderly the same as they treat the others.

Mr. **Brademas.** Mr. Vuocolo, your statement is a very helpful one indeed. On behalf of the subcommittee, on behalf of Mr. Daniels, I want to express my appreciation. I just have one or two other quick questions to put to you.

Do you believe the bill should apply only to the economically disadvantaged or should the programs under the bill be provided for a broader range of older citizens.

Mr. **Vuocolo.** In our areas, of course, any of the elderly they all fall into the category that is below the OEO standards. If you utilize the services of public housing accommodations, you, Mr. Chairman, would certainly be reaching the low income in our community.

Mr. **Brademas.** You make the specific suggestion that we make it mandatory that all new public housing units for the elderly have, in effect, facilities for feeding the older citizens. I take it that this requirement is not now a part of the housing authority?

Mr. **Vuocolo.** For the United States of America to build public housing units for the elderly without the social services and the social facilities that are needed is absolutely criminal. You take an elderly person and move them from a flat into a public housing unit and unless you have any social services, unless you have nutritional programs unless you have a recreational program you are doing nothing but making public housing for the elderly large centers of institutionalized type accommodations. America is not fulfilling the purpose when it does a half a job by providing for rooms and gas and electric for an elderly person.

You cannot pay rent, you cannot provide for your medicare payments, you cannot eat every day on $100 a month. This is the situation we have.

Finally, I would like to express this statement that the U.S. Department of Agriculture I would say is very, very unkind or may be very, very honest in its appraisal of the Congress of the United States when it comes to these programs.

They tell us they would be happy and quite willing to release the foods if the Congress of the United States would wake up and put the surplus commodities where the greatest needs are.

As one USDA official told me, the Congress must realize that this group of Americans has certainly paid many, many years of taxes, they certainly have sent their sons to war, they certainly have made many contributions to the United States as a whole. But when you go and get a surplus commodity list and especially in our area and they tell you you can have hominy grits and maybe a little bit of flour and butter but you cannot have the other items, to me it is a sad reflection on the Congress of the United States who, in the minds of many, many people, have discriminated horribly against the nutritional needs of the American senior citizens.

It is absolutely unjust to have thousands and thousands and thousands of children get the school lunch program, which we are certainly not denying, but on the other hand not to allow a morsel of food to go into the mouth of an elderly person, to me this appears to be idiotic, in very, very plain English.

Thank you very, very much.

Mr. **Brademas.** Thank you very much. We appreciate your testimony.

In July, the subcommittee traveled to Miami, Fla., for the opening session of hearings on this measure. The Miami area has one of the Nation's heaviest concentrations of senior citizens and has, for some years, been the site of various experimental programs which are designed to enable older Americans to live out the balance of their years in dignity and comfort. In addition, Miami, which contains Florida's 11th Congressional District, is the home of the distinguished author of this bill, the Honorable Claude Pepper, who has long been known for his efforts to improve living conditions for the elderly.

While in Miami, the subcommittee was privileged to hear a wide variety of witnesses, including representatives from the Florida Bureau of the Aging, the Florida Senior Citizens League, the Metropolitan Senior Center, and various other organizations concerned about the care and condition of older Americans.

All of these witnesses, I would add, applauded the thrust and purpose of H. R. 17763.

The problem of providing an adequate diet for older Americans has a number of root causes, including inadequate income, an absence of skills to choose and prepare well-balanced meals, limited mobility, or an absence of incentive to eat properly because of feelings of loneliness or rejection.

Whatever the cause, malnutrition among older Americans constitutes one of our most profound and serious social problems, one which received considerable attention in last year's White House Conference on Nutrition and in the yearly report to the President on the problems of aging.

H.R. 17763 would seek to address this problem of providing up to $300 million over the next 3 years to designated State agencies for:

1. Establishing a nutrition program for persons 65 years of age or older which would provide at least one hot meal a day for 5 or more days a week.
2. Furnishing a site in close proximity to the older citizens residence so that he may easily participate in the program.
3. Utilizing methods of administration which would assure that the maximum number of eligible senior citizens would have an opportunity to participate.
4. Providing a setting conducive to expanding the nutritional program to include recreational activities, information, health and welfare counseling and referral services.

The Chair is very pleased to call as a witness this morning the Honorable Claude Pepper, the author of this legislation.

STATEMENT OF HON. CLAUDE PEPPER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. Pepper. Thank you very much, Mr. Chairman and members of the committee, for your gracious words of introduction and your kindness in permitting me to appear here this morning.

I first want to extend at this place and in this record my warmest commendation to the distinguished chairman and his able colleague from Idaho, Mr. Hansen, who accompanied him, for your great interest manifested in the problems of the elderly by holding the excellent hearings which you held in the city of Miami in one of the senior centers there. They are still talking about it down there about your hearing and the hope that it gave rise to in their hearts that Congress was going to do something similar to what is proposed in this bill to help them.

Mr. Chairman, I know there are things that claim the attention of the chairman and the members of this distinguished committee and I am going to ask, if I may, that my full statement be incorporated in the record and I will just give a brief summary of the objectives of this bill.

Mr. Brademas. That will be done.

Mr. Pepper. We are dealing with the problems of the elderly with which, of course, this distinguished committee is familiar. They make up a large percentage of our population, some 20 million of them in the country, about a million in my State of Florida. Many of them have chronic diseases, many of them live in substandard homes, many of them are without another member of their family living with them and therefore many of them live in loneliness. When you add poverty to loneliness and disease or disability to both loneliness and poverty you do present an appalling picture of our country that something like this could exist.

My statement and the knowledge this distinguished committee possesses confirm the belief that the commodities distribution program and the food stamp plan with all of their excellencies and their virtues which we all supported, I am sure, are not adequate to meet the needs of these people because a lot of them can't prepare their own meals. This bill contemplates that these people who would be eligible for the benefits of this bill can be moved by the transportation to some center which would be provided by the sponsoring agency or agencies, or authority or authorities, in cooperation with the State and from the aid of the Federal Government contemplated by this bill. They will not only get nutritious meals but they will enjoy the company of their fellow citizens and friends. It will have a great mental and spiritual lift to them as well as the stimulus which comes from the adequate nourishment of the body.

In addition I point out in my statement that these demonstration projects many of which terminated because they were demonstration projects, have yielded information that convinces one that the program should be extended into a permanent program.

There is in my statement a quotation from the Honorable John B. Martin, commissioner of aging, speaking about what these demonstration programs have indicated to us. As we have examined demonstrations conducted under title IV and by others interested in nutrition of the elderly, all think it will be highly desirable for the Nation to work out arrangements whereby ambulatory older patients who wish to do so can come together for meals in a group setting and shut-ins can receive home delivered meals. Such arrangements will not only assure that older persons receive the proper nutrients, at least as far as these meals are concerned, but also would solve problems of loneliness and isolation. This Nation ought to be working out ways and means of meeting this need.

I respectfully submit, Mr. Chairman and members of the committee, that this bill is a way to provide for the needs which the commissioner of the aging said is so imperative among the elderly people of this country. It is a sound program, properly administered with Federal, State, and local cooperation. I commend it to the continued interests of this distinguished committee.

Mr. **Brademas.** Thank you very much for your most useful statement. Without objection, the statement you have prepared, together with the supporting materials you have submitted, will be included in the record.

(The information referred to follows:)

STATEMENT OF HON. CLAUDE PEPPER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. Chairman and members of this distinguished committee, I am honored by the privilege you have given me by your consideration of my proposal, H.R. 17763, establishing a "Nutrition Program for the Elderly" and by your affording me this second opportunity to appear before you.

In behalf of our nation's twenty million senior citizens and may I add my seventieth birthday was last week, I thank you and express my gratitude.

It is necessary in our understanding of the elderly that we first review some descriptive facts from the Public Health Service. The group we are discussing comprise 10% of our nation's population or twenty million persons. Half of this number are 73 and older, six percent are 85 and older.

Illness strikes the elderly far more frequently than younger age groups. Approximately 80 percent of the elderly suffer from one or more chronic diseases or conditions. Twenty percent have mobility limitations.

Elderly persons head 7.1 million families had incomes under $1,500. Almost 37% had incomes under $3000. Of the 5.1 million elderly unrelated individuals, many of which are widows—one-fourth had 1967 incomes of less than $1000 and $1500.

In the future most of the elderly will be women and most of these will be widows, many living alone.

Almost one-third of the elderly live in central cities of metropolitan areas; 28% live within metropolitan areas but outside the central cities; the remaining 40% live in the non-metropolitan areas, primarily smaller towns and cities. Less than six percent live on farms.

Nineteen percent of the 16 million housing units where senior citizens live may be classified as substandard.

Half of the twenty million elderly never went beyond elementary school. Nearly 17% are illiterate or functionally illiterate.

As the Public Health Service Views it:

> To summarize: significantly large numbers of the aged are affected by chronic diseases, have limited mobility, live by themselves in substandard housing, are poor and poorly educated including a high proportion of illiterates. These factors, individually and in combination, complicate the problem of reaching and effectively communicating with the elderly who desperately need assistance.

With this description in mind we may better understand why so many of our elderly suffer inadequate diets and malnutrition.

They have low incomes, improper kitchen facilities and a budget in which food is the only flexible item.

They lack mobility which limits what they may obtain from the nutritional education to know what to purchase, and the skills to prepare what they have. They suffer loneliness and feelings of rejection which obliterate the incentive necessary to prepare and eat a meal alone. Along with other physiological, psychological, social and economic changes which occur with aging, these factors result in a pattern of living which causes malnutrition and further physical and mental deterioration.

We do not now have a national program or wide local programs which attempt to deal with the cycle of problems I have just described. Social Security, Welfare and other retirement benefits are totally inadequate. Even the recent increases the House passed this session do not bring these amounts to a level which can enable the recipient to end his life with dignity, and the Family Assistance Act, whatever form it may finally take, cannot combat loneliness.

The Food Stamp Program and the Commodities Distribution Program contain inherent obstacles for the elderly person. Findings by the Senate Special Committee on Aging obtained from questionnaires sent to every Commissioner on Aging in the country emphasized the inability of these programs to approach the complex and particular problems of the elderly.

The Food Stamp Program is regarded as demeaning by many elderly persons who were not poor before old age and who therefore do not use it. Others cannot afford the monthly cash outlay from their meager welfare checks. Special dietary foods are expensive and even food stamps cannot cover the cost. Because of immobility many do not have the means to go to the welfare offices to apply, to the banks to pick up the stamps, nor to the markets to carry the heavy packages home. For those persons who cannot prepare meals in their rooms, stamps are useless. May I add that the Amendments to the Food Stamps Act of 1964 as reported by the Agriculture Committee has authorized the use of stamps by the elderly for the purchase of prepared and delivered meals, but only for the disabled elderly. The bill does nothing to alleviate the psychological barriers to good nutrition. Including the elderly's particular need for companionship while eating.

The commodities Program presents even greater difficulties. Even if the elderly person can travel the distances to the distribution centers, the bulky commodities are usually too heavy for them to carry. The types of surplus foods available are usually unappetizing to them and because of dental problems, inappropriate. The "soft" commodities available such as corn meal, bread and starches may provide calories but do not provide a balanced diet. Furthermore, these products come in large packages which are difficult to store and many of these large items are wasted because they tend to spoil after being opened.

Attempts have been made to educate the elderly on proper nutrition. As testimony before Senator McGovern's Select Committee on Nutrition and Human Needs has brought out, there has been no evaluation of the effectiveness of written pamphlets on diet. We have seen that 17% are functionally illiterate and could not benefit by this method. Many others cannot change a lifetime of habit or no longer have the incentive to care for themselves.

It is my belief that an answer to these problems has been found. The Research and Development Grants authorized under Title IV of the Older Americans Act have established nutrition programs which have "demonstrated the effectiveness of and the need for permanent nationwide programs to provide the nutritional and social needs of millions of persons aged sixty-five or older who are unable to overcome the complex and intertwining problems of inadequate diets."

At this point, I would like to point out several of the objectives listed in Sec. 101 of the Older Americans Act and to commend the numbers of this committee to them:

> The best possible physical and mental health which science can make available and without regard to economic status.
>
> Retirement in health, honor, dignity—after years of contribution to the economy.
>
> Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
>
> Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
>
> Immeditae benefit from proven research knowledge which can sustain and improve health and happiness.

These are remarkable objectives and through the experience of the Title IV projects we see that they do not have to remain ideals but can, in fact, become accomplishments.

Title IV was designed to discover and implement means to improve nutrition services for the elderly. Its purpose was to find ways of overcoming the social problems underlying inadequate diets among older persons and to not only improve those diets, but also enhance self-esteem and self-sufficiency.

Under this program there have been twenty-three demonstration project grants, nineteen in urban centers and four in rural areas. These nutrition programs demonstrated how to bring wholesome balanced hot meals to older persons who are not eating adequately, through programs at senior centers and other community facilities. The meals were planned to meet one-third of the recommended dietary allowances and were usually served at noon. The meals were contracted for or prepared in project kitchens and served from one to six days per week. All the projects made some charge for their meals.

There were three basic components to all these projects. Meals were served in a social setting, nutrition education was provided in some form, and evaluation was made determing the effectiveness of the service, its feasibility and cost.

Beyond this, the projects varied markedly to test and evaluate different techniques. As Mr. John B. Martin, Commissioner of the Administration on Aging stated before the Select Committee on Nutrition and Human Needs on September 10, 1969, during their hearings on "Nutrition and the Aged":

> We estimate that the meals served, about 16,000 a week, are sufficient to provide us data for the studies we are conducting. The number of meals is not huge, but it is sufficient for the research we are conducting.
>
> We don't yet have systematic data from which to draw final conclusions but the project directors' reports show that after a short time these people look better, dress better, are more outgoing and in general have a more positive attitude toward life and living.

During these hearings, several witnesses representing various nutrition programs testified as to their effectiveness. Mrs. Regina Fannin, Project Director of a Title IV nutrition demonstration project for the rural elderly in six northeastern Kentucky counties described her efforts and success. The six counties cover an area of 2,136 square miles and had an estimated population in 1965 of 93,364 of which 8,152 were 65 or over. Half the families in the area had less than $3000 income. One-fourth of these received Old Age Assistance.

Additionally, people in this area are primarily isolated from any urban area that would provide needed services. Many of the participants in this program live off the main road and in the hollows of their counties. One participant walks one and a half miles to the main road then hitch hikes a ride for thirty-eight miles. It is many miles to the nearest store and these stores are understocked and overpriced.

Her project, "County Gathering" provided one meal per week to the participants. The social setting included various activities such as Consumer education, recreational activities, handicraft instruction, and simple socializing with one another. County Gathering operated six centers in five counties with attendance ranging from the twenties to the forties. The only requirement for participation is that the person be sixty or over and a resident of the county in which the center is located. Mr. Famnin pointed out that very few of the participants would be eliminated if there were an income restriction.

At the time of her testimony, County Gathering was preparing meals for at least 165 persons each week. More than one-third had total family incomes under $100 per month. Four had no income, twenty had between $45 and $58 per month, twenty-two had $59 to $78, thirteen had $79 to $92, and thirty-eight had $92 to $210. Surveys of diet showed very few had proper nutrients.

The program has a staff of twelve including nine sixty years of age or over plus volunteers who aid in the kitchen and in transporting participants. Assistants are paid $2.05 per hour plus fringe benefits are reimbursed at $.09 per mile travel in a private car. Each center has fifteen hours per week for all activities.

The average cost per meal, based on the previous three months food costs, was 55¢. If the participant can afford to pay he is charged 25¢. Take home and home delivered meals are also available. Mrs. Fannin testified that if she could only obtain surplus commodities, she could lower the price even further.

Your committee has already seen first-hand what the title IV project means to urban Dade County conducted by the Senior Centers of Dade County, Inc. From your witness list, I see that you will have the benefit of testimony from other projects.

I wish, however, to include in the record project examples of five different sites. This information was sent to me upon my request from ENKI Research Institute which received a grant to evaluate the Title IV projects. Three are urban projects and two are rural. Each employs a different technique of service and delivery. In the interest of time I will not read each. They are attached and marked Exhibit I.

The range of meal costs on present AOA projects varies greatly due to management and operational differences. ENKI concluded from their interpretation of the data that reasonable cost estimates and criteria for a nationwide program should include the following:

1. Minimum serving of 75 per day per center
2. Serving 5 days per week
3. Raw food costs fifty cents per meal
4. Labor costs, including preparation, management, and serving is seventy five cents per meal
5. Meals are prepared on the project site

These costs do not include any other services such as education or outreach, nor the amortization of capital equipment.

The ENKI staff has developed a model for a nationwide Nutrition Program which provides one-third of the daily recommended nutritional requirement and can be served for $1.00 per meal including all costs except the amortization of capital equipment and the use of the dining hall. The program has the following components:

1. Pre-packaged frozen food
2. On-site warmed and served
3. Minimum serving 75 per site, 5 days per week
4. Regional menus
5. Meals prepared to AOA standards

This model was developed in conjunction with national food concerns and involves using existing food processors. The concept is based on integrated management techniques which reduce overhead costs to a minimum.

I would, at this time, also like to include in the record data on the participants of the Title IV projects which I specifically requested from ENKI Research Institute. The model participant based on averaging data on 2064 participants in AOA nutrition projects shows the person to be:

1. Over 72 years old
2. Without a high school diploma
3. Living alone

4. In a home, apartment, or rented room
5. Caucasian (65%)
6. With a total annual income of about $1200, including public assistance
7. Receiving social security
8. Spending one-third for food and dining out, one-third for housing, one-sixth for dental and medical, one-twelfth for utilities and the remaining one-twelfth for all other services and supplies.

This data is attached and marked Exhibit II.

What is to be the result of these extensive findings? Commissioner on Aging John B. Martin, in testimony before the Senate Select Committee on Nutrition and Human needs one year ago said,

"As we have examined demonstrations conducted under Title IV and by others interested in nutrition of the elderly, all indications suggest that it would be highly desirable for the nation to work out arrangements whereby ambulatory older persons who wish to do so can come together for meals in a group setting and shut-ins can receive home delivered meals. Such arrangements will not only assure that older persons receive the proper nutrients, at least as far as these meals are concerned, but will also solve problems of loneliness and isolation. While I am not ready at this time to suggest the exact form or forms which programs to meet the older person's need for group or home delivered meals should take, I believe this nation ought to be working out ways and means of meeting this need. We believe our demonstrations are pointing in the direction the nation should be moving."

That statement was made one year and six days ago. I could not agree with Commissioner Martin more strongly that our nation should be working out ways of meeting this need. I applaud the Commissioner and the Administration on Aging for so successfully handling these Research and Demonstration projects and showing us what can be done. We now have the experience, the data, the concern and it is time we used it. The past year has shown even more conclusively that expansion of Title IV to a national scope is not only feasible but immediately necessary if we mean to carry out the ideals of our nation and the objectives of the Older Americans Act which I remarked on earlier.

What does all this data mean? I believe ENKI Research Institute describes the project impact best. The description is attached and marked Exhibit III.

Numerous related studies also support the implementation of this type of program on a full scale.

In the Report of the Special Committee on Aging, United States Senate, on Developments in Aging 1969, the Committee states the following in its recommendations or conclusions:

"Lessons learned from the AOA nutrition projects are too important to be overlooked. Additional efforts should be made by the AOA—working in conjunction with State and local government, as well as private agencies, to establish permanent arrangements for meal service programs as an important part of community service programs for the elderly."

This statement was made in the context of the Chapter on "Nutrition and the Elderly" in which the problems of the elderly, both urban and rural, impoverished and self-sustaining, were considered; federal food assistance program appraised; recommendations of the White House Conference on Food, Nutrition and Health reviewed; and consumer problems of the elderly analyzed.

Hearings before the Select Committee on Nutrition and Human Needs of the United States Senate on "Nutrition and the Elderly" in which testimony was received from experts in the field of nutrition, health, and aging; administrations of Title IV projects and of nutrition projects funded by other sources; actual participants of these projects; and statistical information further documented not only the urgent need for a comprehensive nutrition program, but also supported the concept of such a proposal.

Other voices of concern are echoed in the Project FIND Report prepared for the Office of Economic Opportunity by the National Council on the Aging, Inc.

Among the findings relating to nutrition and the elderly were:

"The current Federal programs providing surplus commodities and for food stamps are shown by the FIND survey to be almost totally inappropriate to meet the needs of the elderly poor. Forty-one percent of those interviewed said they did not even know about these programs. Only one-fourth of those who knew had ever applied, and less than one-tenth had ever received food from either program. Current plans for the extension of these programs being discussed in high government circles indicate a tendency to exclude the elderly from, or to include them with low priority.

"Because distribution problems of surplus commodities, as well as their inability to reflect cultural food patterns, prevent the program from being appropriate for many of the older poor, NCOA recommends that this program be limited to support mass feeding programs for older poor persons and that such programs be encouraged in places such as Senior Centers, churches, voluntary agencies of various kinds, and public schools. We urge a wide-scale experiment with expansion of the school lunch program to provide a separate setting for elderly people and to include both a carry-out and a 'home-delivered' meals component."

Among the recommendations regarding the elderly and isolation and loneliness were:

"The multi-purpose senior center has proved to be a unique and practical focus for social and service needs of the elderly. NCOA recommends that such a center be established in every community, and that its program be directed to the needs of the elderly poor as a first priority."

The White House Conference on Food, Nutrition and Health held during December 1969, called for immediate action:

"The present crisis among the aged demands immediate national action to relieve poverty, hunger, malnutrition, and poor health."

Among the recommendations were that a permanent meal delivery system be instituted in both urban and rural locations consisting of at least one meal of specific nutritional quality and emphasizing the values of eating in a group setting.

There should also be developed guidelines for a nutrition education program aimed at the elderly, conducted by competent people.

In the Report of the President's Task Force on the Aging, April 1970, "Toward a Brighter Future for the Elderly," there is strong recommendation for a nutrition program which would provide group meals or home-delivered meals, employment preference for the elderly in the program, nutrition education and ancillary services. Recommendations include that the participant pay all or part of the cost of the meal with the share of the Federal government dependent on the ability of the community and the participant to defray cost.

"We, therefore, recommend that the President direct the Administration on Aging and the Department of Agricuture to develop a program of technical assistance and, when necessary, financial assistance, to local groups so that such groups can provide daily meals to ambulatory older persons in group settings and to shut-ins at home."

In accordance with the vast documented need for such a program and in view of the many recommendations that it be implemented, the bill I have introduced would establish a nationwide low-cost meal program for elderly persons in a social setting and be conducive to providing ancillary services.

In my previous statement to the committee during the first day of hearings I enlarged on the local aspects of my bill. At this time I wish to briefly review the bill at the federal level.

The Secretary of Agriculture is authorized to administer this title but he is required to consult with the Administration on Aging. Allotments are accorded to the States according to a specific formula based on a specific amount for each state plus an amount allotted according to the population of the state.

The amount of the allotment would represent "up to 90 percent" of the costs of the nutrition program in that State with the other 10 percent of more to be matched by funds from within the State. Provision is made to allow the Secretary to disburse funds directly to the local sponsor if the law of that State prohibit disbursing or matching funds.

Through this system of flexible matching, the States would share financial responsibility in the program to the extent the Secretary feels they are able without causing a burden so great that the program might never be implemented.

Of course when any new program is being considered there is the matter of cost. But we have entered a new realm of thinking in our country and we have identified it as the "quality of life." It is incredible to me that while we are discussing the "quality of life" we should not discuss all of life—the aged as well as the youth, the health of our bodies as well as our streams, the bringing of our aged back into the mainstream of society as well as bringing us across the ocean at a faster speed.

It becomes a question of national priorities. Do we let our aged remain isolated, malnourished and forgotten when we have been shown an effective, practical way of alleviating these problems?

The President, a few days ago, announced a new objective. He announced that Americans must become the healthiest people in the world. May I suggest to the President that a simple way to begin is to see that they eat properly. It is easier to keep a person healthy through proper diet than to bring a sick person with all the symptoms of malnutrition back to health with medicines and I might add it is a good deal cheaper. There has been ample evidence that many elderly persons are confined to nursing homes because there was no one to care for their basic dietary needs. These people are a drain on the resources of the federal government and their local communities and use funds which, if directed towards a preventative program, might never need to be institutionalized.

Again quoting Commissioner Martin who has put it very succintly:

"Turning to the implications for society of malnutrition among older persons for society, we find that, apart from humanitarian considerations of the quality of our society, there is undoubtedly a public cost in mental health programs. There is no data on the extent to which the costs of these programs are increased by malnutrition among older Americans but there are good reasons to believe that an investment in improving the nutrition of this age group would be substantially offset by savings in other publicly financed programs."

I do, in fact, believe that the time has come for such a program. Not only has enough research been conducted and enough recommendations made by our country's most responsible and knowledgeable groups, but Americans, I believe, are turning their attention to domestic issues. They are asking how we can allow the elderly, whose lives produced the resources we now enjoy, starve from loneliness and improper diet. I am confident Americans are anxious and willing to have such a program also because ninety of their representatives have cosponsored this measure with me.

I think the time has indeed arrived for the full implementation of this program.

I wish to thank again the members of this subcommittee for their consideration of my bill. You have been responsible for many of our country's greatest achievements and I am hopeful that you will add another title to the Older Americans Act soon.

EXHIBIT I.—PROJECT EXAMPLES

Chicago

This project is sponsored by a government agency and operates in 35 sites supplied by different sponsoring agencies ranging from senior centers to Salvation Army sites. The project meals are catered by a number of different catering companies with a single price and contract structure. Delivery is in bulk and with minimum flexibility for modification on a day to day basis. Contract with the vendors requires a minimum of 30 meals per site delivery with the prior Friday controlling the delivery for the following week. This project receives considerable volunteer support in each of the centers which reduces the paid staff cost for meal service.

The meal service cost for this project is below average for catered meals which is primarily due to its low meal cost (75¢).

The project offers only meal service without any other educational or service components. Even without these services 58% of staff cost is allocated to administration which reflects the complexity of operating a multiple centre project.

This project does demonstrate the feasibility of a large nutrition program and can be used as a prototype for planning. The overall costs could be reduced through reduction of the large administrative costs.

Cincinnati

Cincinnati operated a total of 4 sites since the beginning of the project although one on a temporary basis. This project is a combination of a number of parameters. The food preparation is in a site remote from the 3 serving areas and the food is delivered in bulk to the serving sites. Approximately 50% of the meals are home delivered. The project has a good participant-to-paid staff ratio of 11 to 1. The meal preparation and service cost is among the lowest of all projects ($1.14), which reflects the efficient operation and the strong emphasis for meal service. This is again reflected by having 50% of the total staff allocation for the meal service and 14% for administrative purposes as compared to 58% for Chicago.

Cincinnati spends 72c per day on non-nutrition staff costs which are reflected in small education, transportation, and other service category.

This project can be compared to Chicago to differentiate catered versus project prepared food service. Both projects emphasize food service without much additional service.

This project is similar to Detroit in its diversity of serving sites and operating days. This project serves between 45–50 meals per day which places below the baseline for efficient operation. Its comparatively low cost is due to the high ratio of volunteer labor used and the relatively low salary range. In summary, this project is an example of a rural project preparing the meals in geographically diversified locations. The total prepared and served meal cost of $1.28 per meal is probably lower than the actual cost because of the significant amount of volunteer labor on this project. Conversely, if this project were serving 5 times a week at each site, the cost could probably be kept to this level even without volunteer labor. In addition, this project spends considerable staff time on transportation.

Greenwood, Mississippi

This project operates in 3 sites and serves meals 5 days a week in each site. This project has the lowest served meal cost ($1.01) including raw food and staff cost. This is the lowest of all projects. The low meal cost is primarily due to the low staff cost for meal preparation which is 12c lower than any other project prepared cost. This project has the largest transportation component of any rural project; approximately 70–80% of all participants are transported to the sites for meals. To accomplish this, 21% of the total staff is allocated to transportation and is the major factor in the $1.16 per participant day non-nutrition staff cost. Besides the nutrition and transportation very little staff expenditure is made for other services.

A comparison of the Greenwood and Emmett projects, both being rural with project prepared meals and significant transportation component, permits an identification of some of the factors affecting the meal preparation costs. The major difference between the two projects is that Emmett does not serve 5 days a week in any one location while Greenwood does. The raw food cost at Greenwood is 10¢ higher, yet Greenwood has a 27¢ per meal lower staff cost. From this one can assume that 1 day a week in different sites significantly increases staff costs. It is also noteworthy that both projects have a significant staff cost allocated to transportation which we believe has to be included in any rural project cost estimate.

Los Angeles

Los Angeles is one of two projects utilizing school facilities for the nutrition program. This project presently operates in 3 schools in the greater Los Angeles area. In each case the project operates as a course in the school's Adult Education program with a scheduled lecture preceding the meal service.

The food is prepared and served by the cafeteria staff of the school at a fixed price per person of 75¢. The projects meet one day weekly and the participants attend that one day. The project guarantees the school a specific number of meals, but if more than the minimum number of students attend, the cafeteria is sufficiently flexible to feed a small overage. Conversely, if the required number do not show up, the project has to pay for the meals not utilized.

Los Angeles allocates 25% of staff time for administration and 27% for outreach. The large outreach allocation is related to the problem associated with using school districts. The project has to close down when the schools are closed which results in the loss of participants. During the school year the staff then attempts to get them to return. Each fall a new outreach program has to be started.

Without any additional staff Los Angeles could serve 5 days a week with a 40% increase in enrollment which would significantly reduce average project costs.

This project is an excellent example of the utilization of schools. It results in a number of advantages and disadvantages. Some of the disadvantages are (1) the difficulty of having the site unavailable when school is closed, (2) being assigned time periods that are not the most desirable, and (3) shutting down for the summer which requires new recruiting each fall. The advantages of this type of operation are that there are no overhead costs for facilities, food or meal planning. This type of meal service can be contracted very inexpensively. Additional savings in the average cost could be made if the number of participants in this project were increased.

Los Angeles had a unique experience in that one of the schools used for the project was involved in a student riot. This resulted in a 95% drop in participants and even though a major outreach effort was started many old participants never returned. The elderly Americans were fearful of entering that school for a considerable time period after the strife.

Emmett, Idaho

This project is exemplified by project prepared meals in 6 different sites. The projects are in different communities operating 1 or 2 days a week in each site. This project transports approximately 25% of the participants to meals either through the use of paid staff or volunteers. This project has a raw food cost of 42¢ per meal and a staff cost of 86¢ per meal. The meal service staff costs are slightly above average for rural projects (83¢).

EXHIBIT II.—PROFILE OF THE PARTICIPANTS IN AOA NUTRITION PROGRAMS

	Number	Percent
Race:		
Caucasian	1,244	65
Negro	454	23
Oriental	100	5
Latin American	68	2
Indian	102	5
Other	2	
(Many Indians check Caucasian).		
Religious affiliation:		
Catholic	376	18
Jewish	194	9
Moslem	1	
Protestant	1,040	53
Other	340	17
None	74	4
Highest grade completed:		
Under 8 years	618	34
Grade school	245	26
High school	246	26
College	88	10
Graduate	28	2
Present income:		
Less than $1,000	696	40
$1,000 to $2,999	900	52
$3,000 to $4,999	112	6
$5,000 to $6,999	28	2
$7,000 to $10,000	1	
Over $10,000	2	
Source of present income (percent equals more than 100 percent):		
Social secretary	1,246	68
Pension	434	24
Public assistant	416	23
Savings	348	18
Investments	164	9
Working	120	6

Monthly expenditures:	Mean
Insurance	$5.14
Utilities	17.60
Telephone	7.04
Housing	50.65
Medical	12.81
Dental	11.52
Groceries	48.67
Transportation	10.01
Clothing	13.41
Eat out	12.49
Entertain	6.07
Other	22.11
Mean age	72

Adequacy of transportation: 100 percent answered "No".

	Number	Percent
Automobiles:		
Own car/drive	374	18
Own car/don't drive	50	2
Drive/no car	82	4
Don't own or drive	1,186	57
No response	380	19
Other community services used:		
Senior centers	872	43
Hospitals	328	16
Social service	4	----
Food stamps	124	6
Legal aid	120	6
Financial assistance	70	3
Housing assistance	238	12
None	124	6
Other	4	----
No response	498	24

HEALTH

	Number	Percent
Vision:		
Good	232	11
Use glasses	1,291	64
Poor/w/glasses	394	18
Partially blind	82	4
Blind	11	1
Hearing:		
Good	1,511	75
Hard of hearing	458	23
Use hearing aid	14	1
Teeth:		
Good	423	21
Poor	218	11
Need denture	204	10
Use denture	1,111	55
Mobility:		
Walk long distance	1,001	51
Walk w/cane or crutch	169	8
Wheelchair	9	----
Difficulty in walking	51	2
Can climb stairs	51	2
Bedridden	17	1
Medical care:		
Receive now	831	55
Past 6 months	277	18
Past year	209	14
Last 5 years	175	11
Where get medical care:		
Private doctor	757	43
Public clinic	599	34
Private clinic	68	3
Other	311	17
How pay medical expenses:		
Medicare	893	45
Private insurance	232	11
Savings/income	395	20
Other	655	32
Diseases (total equals more than 100 percent):		
Blood pressure	390	19
Respiratory	260	13
Diabetes	164	8
Kidney	79	4
Bowel/bladder	113	6
Arthritis, rheumatism	582	29
Heart	350	17
Other	299	15

TYPICAL MEALS

	(1)	(2)	(3)
Breakfast	1 bowl cereal ½ cup milk	2 slices bacon 1 egg 1 slice bread 1 cup coffee	1 glass orange juice.
Lunch	1 sandwich (ham, liverwurst, etc.) 1 cup coffee	None Soda pop	Chicken wing. 1 slice bread, 1 slice butter.
Supper	1 bowl soup 1 wing 2 crackers 1 cup coffee	1 potato 1 slice beef ½ tomato 1 glass milk	None.

PARTICIPANT PROFILE DATA

The attached data have been compiled from our titled *Participant Profile*. Most of the figures are percentage (it should be obvious which figures are not percentages, as these will show a mean and standard deviation). Each figure represents a percentage of participants making a particular response. For example: in Chicago, 47% of the participants indicated that they live one to three blocks from the center, and 11% said 4 to 10 blocks; in Cincinnati, the figures are 28% and 10% respectively. Some of the table may be confusing. For example, the one headed *Transportation Needed for Food Shopping, # times per month;* column headings represent number of times per month that transportation is needed. In Chicago, 20% need it once a month; 4% twice a month, etc. For questions which allowed more than one response for any one participant, the figures may add up to more than 100%. If any set of figures adds up to significantly less than 100%, the difference reflects the number of participants who did not respond to the question. A difference of only one or two percent from 100% is attributable to rounding error.

Not all projects are represented by this data. These figures are the product of our first cycle of analysis, and several centers began submitting data after that cycle began. We are currently conducting the second cycle.

PARTICIPANT INFORMATION

NAME________________ SOCIAL SECURITY #________________

ADDRESS________________ DATE OF BIRTH________________

PLACE OF BIRTH: City________________ State or Country________________

MARITAL STATUS

Single ☐ Divorced ☐
Married ☐ Separated ☐

SPOUSE

Living ☐
Deceased ☐ Year______

CHILDREN LIVING

Males: No.___ Age(s)____
Females:No.___ Age(s)____
How many are married_______

CHILDREN DECEASED

Male: No.______
Female: No.______

RACE

Caucasian ☐
Negro ☐
Oriental ☐

RELIGIOUS AFFILIATION

Catholic ☐ None ☐
Jewish ☐ Other________
Moslem ☐ Protestant ☐

LANGUAGE

What language do you speak at home besides English__________

EDUCATION

Circle number of years completed:
Grade School 1 2 3 4 5 6 7 8
High School 1 2 3 4
College 1 2 3 4
Graduate 1 2 3 4
Degree:____________________

EMPLOYMENT

What was your average yearly income last 5 years worked:_____

How much money did you earn per year:__________________
Best 3 working years__________
Worst 3 working years__________
What was your occupation(s):____
____
____

What is your present income per year?
Less than $1000 ☐ $5000-$6999 ☐
$1000 to $2999 ☐ $7000-$10,000 ☐
$3000 to $4999 ☐ + $10,000 ☐

What is the source of your income?
(Check more than one if applicable)
Social Security ☐ Savings ☐
Pension ☐ Investments ☐
Public Assist. ☐ Working ☐

Are you working now? If so:

How many hrs. per week?____________
Annual earnings?____________
What do you do?____________

What is the organization for which you work?

Retail Store ☐ Industry ☐
Self ☐ Govt. Agency ☐
School ☐ Other____________
Domestic Serv. ☐

If you are not now working:

How many years did you work:
Part Time____? Full Time______?
Last Year Worked_________?

Do you own: (check all applicable)

House ☐ Savings ☐
Car ☐ Other property ☐
Stocks & Bonds ☐ Insurance ☐
Business ☐ Other__________

How much do you think all these are worth?

Less than $1000 ☐ $25/$49,999 ☐
$1000 to $4999 ☐ $50/$100,000 ☐
$5000 to $9999 ☐ Over $100,000 ☐
$10/$24,999 ☐

How many years have you lived here?______ If less than 5, where did you live before__________How many years__

BUREAU OF THE BUDGET: 1968—129-R0018

HOUSING INFORMATION

Do you live in:

Own house	☐	Pub.Housing	☐
Rent house	☐	Rest home	☐
Rent room	☐	Apartment	☐
Trailer	☐	Which floor____	

Cost per month (Including insurance and taxes) $____________

How many people live with you

____

Must you climb stairs? Yes ☐ No ☐

Number of rooms in your home________

Cooking facilities:

	Have Own	Share	None
Kitchen	☐	☐	☐
Stove	☐	☐	☐
Refrigerator	☐	☐	☐

TRANSPORTATION

Indicate which of the following means of transportation you use. Place the number 1 after the one you use most frequently, the number 2 after the next most frequent, the next as 3, etc. Place a 0 after those that you never use.

Own car	☐	Taxi	☐
Relative's car	☐	Bicycle	☐
Bus	☐	Ask someone	☐
Subway	☐	Other__________	
Streetcar	☐	______________	
		______________	

Do you drive a car? Yes ☐ No ☐
Do you own a car? Yes ☐ No ☐

If you drove in past, what was last year licensed?__________

If not driving, reason:

Never learned	☐	Cost	☐
License prob.	☐	Don't own car	☐
Physical limit	☐	Other_____	
Insurance prob.	☐		

How far do you live from this Center?

1 - 3 blocks	☐	2 - 5 miles	☐
4 - 10 blocks	☐	5+miles	☐
1 mile	☐		

How do you get to this Center?

Walk	Own car
Car pool	Transportation provided by:
Public transportation	Center
Other__________	Other__________

For which of the following do you need transportation?

	No.times per month	Avg.Trip Miles
Food shopping	______	______
Medical/dental	______	______
Working	______	______
Visiting friends	______	______
Get to entertainment	______	______
Other__________	______	______
______________	______	______

Is the transportation available to you adequate? Yes ☐ No ☐

If no, why not?______________

____

What do you need?______________

____

____

DAILY ACTIVITIES

Please indicate the time you usually do each of the following:

Get up	______	A.M.
Eat breakfast	______	A.M.
Eat lunch	______	
Eat supper	______	P.M.
Go to bed	______	P.M.

Do you take a nap? Yes ☐ No ☐

What time?______A.M.______P.M.

Do you eat snacks? Yes ☐ No ☐

What time?______A.M.______P.M.

Which meals do you usually cook at home?
Breakfast ☐ Supper ☐
Lunch ☐

Please indicate which of the following you do, and how often each week:

		No. times per wk.	Alone	With Spouse	With Friends	With Family
Eat in restaurant	☐	____	____	____	____	____
Eat home	☐	____	____	____	____	____
Go to club meetings	☐	____	____	____	____	____
Attend church or temple	☐	____	____	____	____	____
Play cards, bingo, etc.	☐	____	____	____	____	____
Visit with friends	☐	____	____	____	____	____
Attend movies	☐	____	____	____	____	____
Attend plays or concerts	☐	____	____	____	____	____
Go to parks, museums	☐	____	____	____	____	____
Play musical instrument	☐	____	____	____	____	____
Shop for food	☐	____	____	____	____	____
Shop for other items	☐	____	____	____	____	____
Participate in sports	☐	____	____	____	____	____

How many hours per day do you: Watch T.V. ____ Listen to radio____

How many books do you read per month? ____

Do you get them in:
library ☐ buy at store ☐
borrow ☐ book club ☐
Other ☐

Do you read magazines?
Yes ☐ No ☐

Number per month ____

Do you get them :
subscribe ☐ in library ☐
borrow ☐ buy at store ☐

Do you read newspaper:
Daily ☐ seldom ☐
1 - 2 week ☐

Do you take vacations? Yes☐ No☐

If yes: Number of weeks per year

1	☐	5	☐
2	☐	6	☐
3	☐	more	☐
4	☐		

What do you do:
Visit family ☐ Travel ☐
Go to resort ☐ Specify other____
______

PHYSICAL STATUS

Please indicate which of the following apply to you:

Vision
Good ☐ Partially blind ☐
Use glasses ☐ Blind ☐
Poor, even with glasses ☐

Hearing
Good ☐ Use hearing aid ☐
Hard of hearing ☐

Teeth
Good ☐ Need dentures ☐
Poor ☐ Use dentures ☐
No. visits to dentist last year_____
What for?__________

Mobility
Can walk long distances ☐ Difficulty walking only a few blocks ☐
Walk with cane crutch ☐ Can climb stairs ☐
Need wheelchair ☐ Bedfast ☐

Are you:
Attending center ☐
Homebound ☐

Are you receiving medical care?
At present ☐ Last year ☐
Last 6 mos. ☐ Last 5 yrs. ☐

Where do you get medical care
Private physician ☐ Private clinic ☐
Public clinic ☐ Specify other: __________

How do you pay medical cost
Medicare ☐ From savings/income ☐
Private Insurance ☐ Other________ ☐

Which of the following do you have?
Lung/breathing problems ☐ Arthritis/rheumatism ☐
Diabetes ☐ Heart problems ☐
Kidney problem ☐ Blood pressure problems ☐
Bowel & bladder problems ☐ Specify other: __________

Are you on a special diet?
Yes ☐ No ☐
What kind?__________
Who prescribed it?__________

List any special foods you buy

Food	How Often	Quantity	Where Bought

How did you find out about this Center?
Friends ☐ Speaker at meeting ☐
Circulars ☐ Someone coming to door ☐
Radio ☐ Referred by other Agency ☐
Newspaper ☐
T.V. ☐
Family ☐

Which of the following community supplied services have you used?

Senior Center ☐ Legal Aid ☐
Hospitals ☐ Financial Aid ☐
Social Service ☐ Housing assistance ☐
Food Stamps ☐ None ☐
Other__________

How much money do you spend each month on:

Insurance $__________
Utilities __________
Telephone __________
Housing __________
Medical __________
Dental __________
Groceries __________
Transportation __________
Clothing __________
Eating out __________
Entertainment __________
Other __________

E-4

What other services or facilities do you need?

Please indicate what improvements you need - (be specific)

Housing

Medical/Dental services

Foods

Entertainment

Other

DIFFERENCE FROM 100% IS NO-RESPONSE PERCENTAGE

	DISTANCE FROM CENTER					HOW GET TO CENTER.						
	1-3 BLOCKS	4-10 BLOCKS	1 mile	2-5 miles	5+ miles	WALK	CAR POOL	PUBLIC TRANS	OTHER	OWN CAR	TRANSP PROVIDED BY CENTER	TRANSP PROVIDED BY OTHER
CHICAGO	47	11	1	5	2	31	0	11	12	0	0	0
CINCINNATI	20	10	19	14	6	42	3	4	2	10	5	4
DALLAS	9	4	13	40	13	0	0	4	0	0	95	0
DENVER	18	27	9	18	9	72	0	9	0	0	0	9
DETROIT	10	21	5	10	15	10	5	21	0	5	21	0
EMMETT	17	35	10	7	6	16	1	0	1	24	10	7
GREENWOOD	18	22	9	25	16	18	7	2	0	6	57	1
HELENA	50	0	50	0	0	25	0	0	0	50	0	0
MIAMI	33	32	14	17	0	61	0	12	1	11	0	8
N.Y. (HENRY)	66	24	4	0	1	78	0	3	0	0	0	1
N.Y. (HUDSON)	20	70	10	0	0	100	0	0	0	0	0	0
OLIVE HILL	9	0	22	18	22	4	0	0	4	40	13	9
SALT LAKE CITY	47	17	17	13	0	47	0	0	0	30	4	4
ST.PETERSBURG	2	1	0	40	52	1	0	0	1	0	0	0
TEMPLE	20	20	60	0	0	40	0	0	0	20	0	20
TULSA	13	51	17	10	2	4	1	2	0	10	72	5
WALTHILL	20	45	5	19	3	39	0	0	0	17	25	0

CENTER INFORMATION

Pg 1

	SEX		AGE		RACE						
	MALE	FEMALE	AGE MEAN	AGE ST. DEV	CAUC	NEGRO	ORIENTAL	LATIN AMER.	AMER. INDIAN	OTHER	
CHICAGO	15	85	73.95	11.34	78	22	0	0	0	0	
CINCINNATI	32	68	72.43	6.77	69	31	0	0	0	0	
DALLAS	16	84	74.26	6.89	0	100	0	0	0	0	
DENVER	0	100	76.22	7.93	100	0	0	0	0	0	
DETROIT	44	56	69.16	7.68	28	72	0	0	0	0	
EMMETT	36	64	77.36	18.93	98	0	1	0	1	0	
GREENWOOD	35	65	73.10	10.93	0	100	0	0	0	0	
HELENA	25	75	72.33	8.33	80	0	0	0	20	0	
MIAMI	45	55	70.36	10.61	99	1	0	0	0	0	
N.Y. (HENRY)	33	67	72.40	9.22	98	2	0	0	0	0	
N.Y. (HUDSON)	50	50	74.4	5.27	100	0	0	0	0	0	
OLIVE HILL	47	53	66.63	8.53	94	0	6	0	0	0	
SALT LAKE CITY	25	75	81.5	28.41	96	0	0	4	0	0	
ST.PETERSBURG	26	74	80.39	7.65	97	3	0	0	0	0	
TEMPLE	33	67	68.00	1.41	100	0	0	0	0	0	
TULSA	36	64	72.47	7.48	0	100	0	0	0	0	
WALTHILL	36	64	73.12	14.99	25	0	37	0	37	1	

DEMOGRAPHIC

pg 1

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	RELIGION						EDUCATION					
	CATHOLIC	JEWISH	MOSLEM	NONE	PROT	OTHER	GRADES 1-4	5-6	7-8	HIGH SCHOOL	COLLEGE	GRAD
CHICAGO	50	6	0	6	30	8	19	12	43	16	2	0
CINCINNATI	44	0	0	1	49	6	15	21	43	19	2	1
DALLAS	0	0	0	0	95	5	14	23	14	32	19	0
DENVER	0	0	0	0	78	22	0	0	10	70	20	0
DETROIT	17	0	0	0	78	6	23	12	11	28	11	17
EMMETT	8	0	0	12	68	11	6	7	51	27	7	0
GREENWOOD	1	0	0	0	25	73	73	10	10	7	0	0
HELENA	17	0	0	33	50	0	0	0	40	40	20	0
MIAMI	72	1	0	1	15	9	3	14	29	18	22	15
N.Y. (HENRY)	2	92	0	0	6	0	21	24	36	15	3	0
N.Y. (HUDSON)	70	30	0	0	0	0	10	20	40	20	10	0
OLIVE HILL	0	0	0	0	83	17	10	14	68	9	0	0
SALT LAKE CITY	4	0	0	0	22	74	15	4	30	26	22	4
ST.PETERSBURG	16	2	0	3	66	14	5	6	26	42	18	3
TEMPLE	33	0	0	0	67	0	0	0	34	17	34	17
TULSA	2	0	0	3	91	4	19	17	26	31	6	0
WALTHILL	3	0	1	1	75	20	24	18	32	23	3	1

DEMOGRAPHIC

pg 2

LANGUAGES SPOKEN besides English

	SPANISH	ITALIAN	SLAVIC	GERMANIC	YIDDISH	JAPANESE & CHINESE	FRENCH	OTHER	MORE THAN ONE	NONE
CHICAGO	3	1	5	19	1	0	1	4	1	65
CINCINNATI	0	0	0	3	0	0	0	0	2	95
DALLAS	0	0	0	0	0	0	0	0	0	100
DENVER	0	0	0	0	0	0	0	0	0	100
DETROIT	0	0	0	5	0	0	0	0	5	90
EMMETT	0	1	0	1	0	0	0	0	0	98
GREENWOOD	0	0	0	0	0	0	0	0	0	100
HELENA	0	17	0	0	0	0	0	0	0	83
MIAMI	71	1	0	4	0	0	5	0	1	18
N.Y. (HENRY)	3	2	0	0	68	0	0	0	7	20
N.Y. (HUDSON)	20	10	0	0	0	0	10	0	0	60
OLIVE HILL	0	0	0	0	0	0	0	0	0	100
SALT LAKE CITY	11	4	0	0	0	0	0	0	0	85
ST.PETERSBURG	0	0	1	3	0	0	1	0	0	95
TEMPLE	0	0	0	0	17	0	0	0	0	83
TULSA	0	1	0	0	0	0	0	0	0	99
WALTHILL	0	0	0	2	13	0	1	0	54	30

DEMOGRAPHIC
Pg 3

PRESENT INCOME

	less than $1000	1000 - 2,999	3,000 - 4,999	5,000 - 6,999	7,000 - 10,000	greater than 10,000
CHICAGO	25	69	4	1	0	0
CINCINNATI	29	59	10	2	0	0
DALLAS	40	60	0	0	0	0
DENVER	33	33	11	22	0	0
DETROIT	11	78	11	0	0	0
EMMETT	43	51	4	1	0	1
GREENWOOD	85	15	0	0	0	0
HELENA	20	60	20	0	0	0
MIAMI	26	67	7	0	0	0
N.Y. (HENRY)	28	68	4	0	0	0
N.Y. (HUDSON)	13	75	13	0	0	0
OLIVE HILL	60	40	0	0	0	0
SALT LAKE CITY	29	43	14	14	0	0
ST.PETERSBURG	20	66	10	4	0	0
TEMPLE	60	20	20	0	0	0
TULSA	40	55	4	0	0	0
WALTHILL	66	25	7	1	1	0

FISCAL
pg 1

VALUE OF POSSESSIONS

	Less than $1,000	1000-4,999	5,000-9,999	10,000-24,999	25,000-49,499	50,000-100,000	over 100,000
CHICAGO	51	37	4	3	1	1	0
CINCINNATI	19	19	20	35	6	1	0
DALLAS	41	25	23	0	0	0	0
DENVER	40	0	0	60	0	0	0
DETROIT	33	0	33	33	0	0	0
EMMETT	17	35	32	6	6	0	0
GREENWOOD	13	65	17	3	0	0	0
HELENA	33	66	0	0	0	0	0
MIAMI	29	14	11	29	14	0	0
N.Y. (HENRY)	35	57	7	0	0	0	0
N.Y. (HUDSON)	88	0	11	0	0	0	0
OLIVE HILL	50	16	33	0	0	0	0
SALT LAKE CITY	14	42	0	35	7	0	0
ST.PETERSBURG	4	27	41	17	6	4	0
TEMPLE	0	100	0	0	0	0	0
TULSA	32	40	23	3	0	0	0
WALTHILL	44	41	12	1	0	0	0

FISCAL
Pg 2

	YEARS IN AREA		DWELLING					
	MEAN	ST. DEV	OWN HOUSE	RENTED HOUSE	RENTED ROOM	TRAILER	PUBLIC HOUSING	APARTMENT
CHICAGO	17	22	13	5	2	0	37	38
CINCINNATI	31	27	27	1	1	0	13	39
DALLAS	30	19	36	18	18	0	9	18
DENVER	27	23	27	0	0	0	0	72
DETROIT	28	21	47	5	15	0	5	25
EMMETT	28	19	60	14	1	4	0	18
GREENWOOD	24	19	44	33	1	0	3	16
HELENA	9	9	0	25	0	0	25	50
MIAMI	11	13	13	44	5	0	26	2
N.Y. (HENRY)	14	16	0	0	0	0	66	32
N.Y. (HUDSON)	21	22	0	0	9	9	18	63
OLIVE HILL	27	25	77	4	0	13	0	4
SALT LAKE CITY	20	12	60	13	4	4	0	16
ST.PETERSBURG	15	10	57	4	0	11	0	23
TEMPLE	17	16	0	80	0	0	20	0
TULSA	34	16	62	17	5	0	0	14
WALTHILL	41	27	42	21	0	1	14	14

HOUSING AND LIVING PATTERNS

Pg 1

	NUMBER OF ROOMS								
	1	2	3	4	5	6	7	8	9
CHICAGO	9	31	34	13	5	7	2	0	0
CINCINNATI	3	20	28	22	21	2	3	0	0
DALLAS	0	0	20	20	33	0	20	0	7
DENVER	0	29	29	0	14	14	14	0	0
DETROIT	0	20	40	0	0	20	0	20	0
EMMETT	2	7	15	27	22	17	4	2	2
GREENWOOD	4	8	25	19	23	12	8	0	2
HELENA	0	25	75	0	0	0	0	0	0
MIAMI	31	29	14	8	3	3	1	0	2
N.Y. (HENRY)	3	12	51	34	0	0	0	0	0
N.Y. (HUDSON)	40	20	20	20	0	0	0	0	0
OLIVE HILL	0	0	0	27	34	20	20	0	0
SALT LAKE CITY	0	5	15	15	20	30	15	0	0
ST.PETERSBURG	3	11	34	27	18	2	3	2	0
TEMPLE	0	0	33	0	33	33	0	0	0
TULSA	1	5	11	14	37	25	4	2	0
WALTHILL	6	11	15	28	20	9	6	3	2

HOUSING AND LIVING PATTERNS
Pg 2

	COOKING FACILITIES									CLIMB STAIRS?	
	KITCHEN			STOVE			REFRIG				
	OWN	SHARE	NONE	OWN	SHARE	NONE	OWN	SHARE	NONE	YES	NO
CHICAGO	3	96	1	4	96	0	4	95	1	30	70
CINCINNATI	6	90	4	6	90	4	6	90	4	60	40
DALLAS	19	57	24	24	57	19	24	57	19	0	100
DENVER	30	70	0	30	70	0	30	70	0	50	50
DETROIT	12	82	6	12	82	6	12	82	6	69	31
EMMETT	20	78	2	18	81	1	1[illegible]	81	1	15	85
GREENWOOD	7	89	4	7	79	4	9	78	4	3	97
HELENA	25	75	0	25	75	0	25	75	0	0	100
MIAMI	0	95	5	0	95	5	0	95	5	27	73
N.Y. (HENRY)	8	92	0	8	92	0	8	92	0	45	55
N.Y. (HUDSON)	0	89	11	0	89	11	0	89	11	30	70
OLIVE HILL	14	82	4	14	82	4	14	82	4	39	61
SALT LAKE CITY	4	96	0	4	96	0	4	96	0	42	58
ST.PETERSBURG	1	99	0	2	98	0	2	98	0	11	89
TEMPLE	20	80	0	20	80	0	20	60	20	33	67
TULSA	9	91	0	9	84	7	9	85	6	3	97
WALTHILL	10	90	0	10	87	3	16	78	6	30	70

HOUSING AND LIVING PATTERNS

Pg 3

	HOUSING COST PER MONTH (DOLLARS)				PEOPLE LIVE WITH						
	MEAN	ST. DEV.	MIN.	MAX.	MEAN	ST. DEV.					
CHICAGO	50	16	2	140	1	3					
CINCINNATI	71	61	25	450	1	1					
DALLAS	52	24	24	111	1	1					
DENVER	66	15	50	89	2	1					
DETROIT	26	28	2	50	5	6					
EMMETT	45	65	1	635	1	1					
GREENWOOD	23	22	4	100	2	2					
HELENA											
MIAMI	53	30	10	143	1	2					
N.Y. (HENRY)	56	18	26	100	1	0					
N.Y. (HUDSON)	57	18	11	88	1	0					
OLIVE HILL	71	12	20	150	2	3					
SALT LAKE CITY	82	57	25	213	1	2					
ST.PETERSBURG	39	37	1	200	1	0					
TEMPLE					1	0					
TULSA	33	43	3	302	1	1					
WALTHILL	38	20	2	100	3	3					

HOUSING AND LIVING PATTERNS

pg 4

	AUTOMOBILE					
	NO RESPONSE	DRIVE AND OWN	DRIVE DON'T OWN	DON'T DRIVE BUT OWN	DON'T DRIVE OR OWN	DON'T DRIVE OWN: NO RESPONSE
CHICAGO	3	3	2	0	89	0
CINCINNATI	8	14	5	0	63	7
DALLAS	4	0	4	4	72	13
DENVER	18	18	9	9	45	0
DETROIT	15	36	0	0	31	15
EMMETT	16	33	3	2	37	5
GREENWOOD	7	9	2	0	77	2
HELENA	0	75	0	0	25	0
MIAMI	2	9	7	0	61	16
N.Y. (HENRY)	6	0	1	0	90	1
N.Y. (HUDSON)	0	0	0	0	90	10
OLIVE HILL	0	31	0	4	50	13
SALT LAKE CITY	8	34	4	17	26	8
ST.PETERSBURG	2	16	1	2	76	0
TEMPLE	0	0	0	20	80	0
TULSA	7	19	3	0	65	4
WALTHILL	12	14	8	5	45	12

HOUSING AND LIVING PATTERNS

PAGE 5

FOOD SHOPPING

	NO RESPONSE	# TIMES PER MONTH								
		1	2	3	4	5	6	7	8	9+
CHICAGO	71	30	4	0	1	0	1	0	0	0
CINCINNATI	54	34	7	2	0	0	0	0	0	0
DALLAS	31	31	4	0	4	4	22	0	0	0
DENVER	26	26	0	0	9	0	8	0	0	0
DETROIT	63	15	5	0	0	0	15	0	0	0
EMMETT	70	13	5	0	1	1	8	0	0	0
GREENWOOD	63	25	0	1	1	0	7	0	0	0
HELENA	50	25	0	0	25	0	0	0	0	0
MIAMI	61	17	0	3	15	0	0	0	2	0
N.Y. (HENRY)	87	7	3	0	1	0	0	0	0	0
N.Y. (HUDSON)	90	10	0	0	0	0	0	0	0	0
OLIVE HILL	77	13	4	0	0	0	4	0	0	0
SALT LAKE CITY	65	34	0	0	0	0	0	0	0	0
ST.PETERSBURG	50	31	11	6	0	0	0	0	0	0
TEMPLE	20	40	20	0	0	0	20	0	0	0
TULSA	27	53	7	2	5	0	2	0	0	1
WALTHILL	77	17	4	0	0	0	0	0	0	0

HOUSING AND LIVING PATTERNS

P.9.6.A

TRANSPORTATION NEEDED FOR MEDICAL/DENTAL

	# TIMES PER MONTH									
	NO RESPONSE	1	2	3	4	5	6	7	8	9+
CHICAGO	72	19	2	0	0	0	4	0	0	0
CINCINNATI	64	28	2	0	0	0	2	0	0	0
DALLAS	63	22	0	0	0	0	13	0	0	0
DENVER	54	27	0	0	0	0	18	0	0	0
DETROIT	57	21	0	0	5	0	15	0	0	0
EMMETT	79	10	0	0	0	0	8	0	0	0
GREENWOOD	27	62	0	0	0	0	10	0	0	0
HELENA	50	25	0	0	0	0	0	0	0	25
MIAMI	40	52	5	0	0	0	0	0	0	0
N.Y. (HENRY)	69	23	3	0	4	0	0	0	0	0
N.Y. (HUDSON)	70	30	0	0	0	0	0	0	0	0
OLIVE HILL	81	13	0	0	0	0	4	0	0	0
SALT LAKE CITY	73	17	4	0	0	0	4	0	0	0
ST.PETERSBURG	49	48	1	0	0	0	0	0	0	0
TEMPLE	60	0	0	0	0	0	40	0	0	0
TULSA	59	34	4	0	0	0	2	0	0	0
WALTHILL	79	18	0	0	0	0	2	0	0	0

HOUSING AND LIVING PATTERNS
pg 6B

TRANSPORTATION NEEDED FOR WORKING

	NO RESPONSE	# TIMES PER MONTH								
		1	2	3	4	5	6	7	8	9+
CHICAGO	99	0	0	0	0	0	0	0	0	0
CINCINNATI	99	0	0	0	0	0	0	0	0	0
DALLAS	100	0	0	0	0	0	0	0	0	0
DENVER	81	0	0	0	0	0	9	0	9	0
DETROIT	89	5	0	0	0	0	5	0	0	0
EMMETT	96	0	0	0	0	0	1	0	0	0
GREENWOOD	98	1	0	0	0	0	0	0	0	0
HELENA	75	25	0	0	0	0	0	0	0	0
MIAMI	97	0	0	0	0	0	0	0	0	0
N.Y. (HENRY)	98	1	0	0	0	0	0	0	0	0
N.Y. (HUDSON)	100	0	0	0	0	0	0	0	0	0
OLIVE HILL	100	0	0	0	0	0	0	0	0	0
SALT LAKE CITY	95	0	0	0	4	0	0	0	0	0
ST.PETERSBURG	99	0	0	0	0	0	0	0	0	0
TEMPLE	80	0	0	0	0	0	20	0	0	0
TULSA	94	2	1	1	0	0	1	0	0	0
WALTHILL	99	0	0	0	1	0	0	0	0	0

HOUSING AND LIVING PATTERNS

pg 60

TRANSPORTATION NEEDED FOR WORKING

	NO RESPONSE	# TIMES PER MONTH								
		1	2	3	4	5	6	7	8	9+
CHICAGO	99	0	0	0	0	0	0	0	0	0
CINCINNATI	99	0	0	0	0	0	0	0	0	0
DALLAS	100	0	0	0	0	0	0	0	0	0
DENVER	81	0	0	0	0	0	9	0	9	0
DETROIT	89	5	0	0	0	0	5	0	0	0
EMMETT	96	0	0	0	0	0	1	0	0	0
GREENWOOD	98	1	0	0	0	0	0	0	0	0
HELENA	75	25	0	0	0	0	0	0	0	0
MIAMI	97	0	0	0	0	0	0	0	0	0
N.Y. (HENRY)	98	1	0	0	0	0	0	0	0	0
N.Y. (HUDSON)	100	0	0	0	0	0	0	0	0	0
OLIVE HILL	100	0	0	0	0	0	0	0	0	0
SALT LAKE CITY	95	0	0	0	4	0	0	0	0	0
ST.PETERSBURG	99	0	0	0	0	0	0	0	0	0
TEMPLE	80	0	0	0	0	0	20	0	0	0
TULSA	94	2	1	1	0	0	1	0	0	0
WALTHILL	99	0	0	0	1	0	0	0	0	0

HOUSING AND LIVING PATTERNS

pg 60

TRANSPORTATION NEEDED FOR
VISITING FRIENDS

	No RESPONSE	# TIMES PER MONTH								
		1	2	3	4	5	6	7	8	9+
CHICAGO	87	7	1	0	1	0	1	0	0	0
CINCINNATI	78	12	5	0	0	0	2	0	0	0
DALLAS	68	9	0	0	0	0	22	0	0	0
DENVER	63	0	9	0	0	0	27	0	0	0
DETROIT	68	0	10	0	0	0	21	0	0	0
EMMETT	88	2	1	0	0	0	6	0	0	0
GREENWOOD	87	3	0	0	1	0	7	0	0	0
HELENA	75	25	0	0	0	0	0	0	0	0
MIAMI	74	10	5	0	7	0	0	0	1	0
N.Y. (HENRY)	80	16	3	0	0	0	0	0	0	0
N.Y. (HUDSON)	70	20	10	0	0	0	0	0	0	0
OLIVE HILL	90	9	0	0	0	0	0	0	0	0
SALT LAKE CITY	65	21	0	0	8	0	4	0	0	0
ST.PETERSBURG	86	12	1	0	0	0	0	0	0	0
TEMPLE	20	0	0	0	0	0	80	0	0	0
TULSA	57	25	5	1	4	1	4	1	0	0
WALTHILL	92	5	0	0	1	0	0	0	0	0

HOUSING AND LIVING PATTERNS
pg 6D

TRANSPORTATION NEEDED FOR ENTERTAINMENT

	NO RESPONSE	# TIMES PER MONTH								
		1	2	3	4	5	6	7	8	9+
CHICAGO	97	2	0	0	0	0	0	0	0	0
CINCINNATI	82	11	4	0	0	0	0	0	0	0
DALLAS	96	4	0	0	0	0	4	0	0	0
DENVER	31	9	27	0	0	0	27	0	0	0
DETROIT	89	0	0	0	5	0	5	0	0	0
EMMETT	88	3	1	0	0	0	6	0	0	0
GREENWOOD	94	2	0	0	0	0	2	0	0	0
HELENA	75	25	0	0	0	0	0	0	0	0
MIAMI	91	3	0	0	2	0	0	0	0	0
N.Y. (HENRY)	95	4	0	0	0	0	0	0	0	0
N.Y. (HUDSON)	70	20	10	0	0	0	0	0	0	0
OLIVE HILL	95	4	0	0	0	0	0	0	0	0
SALT LAKE CITY	83	17	0	0	0	0	0	0	0	0
ST.PETERSBURG	99	[illegible]	0	0	0	0	0	0	0	0
TEMPLE	60	0	0	0	0	0	40	0	0	0
TULSA	85	9	2	0	1	0	2	0	0	0
WALTHILL	93	5	0	1	0	0	0	0	0	0

HOUSING AND LIVING PATTERNS

P9 6E

TRANSPORTATION NEEDED FOR MISC.

	No RESPONSE	# TIMES PER MONTH 1	2	3	4	5	6	7	8	9+
CHICAGO	94	2	0	0	0	0	2	0	0	0
CINCINNATI	91	2	0	1	0	0	3	0	0	0
DALLAS	100	0	0	0	0	0	0	0	0	0
DENVER	90	0	0	0	0	0	9	0	0	0
DETROIT	94	0	0	5	0	0	0	0	0	0
EMMETT	96	1	0	0	0	0	1	0	0	0
GREENWOOD	93	2	0	0	0	0	3	0	0	0
HELENA	75	25	0	0	0	0	0	0	0	0
MIAMI	93	5	0	0	0	0	0	0	0	0
N.Y. (HENRY)	91	7	4	1	4	0	0	0	0	0
N.Y. (HUDSON)	100	0	0	0	0	0	0	0	0	0
OLIVE HILL	95	4	0	0	0	0	0	0	0	0
SALT LAKE CITY	82	8	4	0	0	0	4	0	0	0
ST.PETERSBURG	93	6	0	0	0	0	0	0	0	0
TEMPLE	80	0	0	0	0	0	20	0	0	0
TULSA	75	5	11	1	3	0	4	0	0	0
WALTHILL	100	0	0	0	0	0	0	0	0	0

HOUSING AND LIVING PATTERNS
Pg 6F

TIME OF ACTIVITY

	GET UP			BREAKFAST			LUNCH			SUPPER		
	MEAN	ST.DEV	MODE	MEAN	ST. DEV.	MODE	MEAN	ST. DEV.	MODE	MEAN	ST. DEV	MODE
CHICAGO	7:00	2.48	6:00	8:00	2.28	8:00	10:00	7.47	12:00	5:30	1.44	6:00
CINCINNATI	7:30	2.24	7:00	8:00	2.47	9:00	9:00	9.38	12:00	5:30	2.26	6:00
DALLAS	6:30	1.9	7:00	7:30	2.1	7:30	10:30	6.8	12:00	5:00	2.6	6:00
DENVER	7:30	1.3	7:00	8:30	2.9	10:00	10:00	8.1	12:00	5:30	1.2	5:00
DETROIT	7:30	3.5	8:00	8:30	2.9	7:00	11:30	.44	12:00	5:30	2.0	5:00
EMMETT	7:00	1.9	7:00	7:30	1.9	8.00	8:30	9.9	12:00	6:00	1.5	6:00
GREENWOOD	6:30	1.9	6:00	7:30	1.9	7:30	5:00	8.3	3:00	4:00	3.4	3:30
HELENA	7:00	2.1	7:30	7:30	2.1	8:00	12:00	0.0	12:00	5:30	.84	6:00
MIAMI	7:00	1.9	7:00	7:30	1.4	7:30	9:30	8.9	12:00	6:00	1.8	6:00
N.Y. (HENRY)	6:30	2.4	6:00	8:00	2.1	8:00	9:30	8.7	12:00	6:00	2.1	6:00
N.Y. (HUDSON)	7:30	2.1	7:00	8:30	2.1	8:00	12:00	0.0	12:00	5:30	1.3	6:00
OLIVE HILL	6:30	1.1	6:00	7:00	1.2	7:00	11:00	5.1	12:00	5:00	1.6	5:00
SALT LAKE CITY	7:30	2.2	7:00	8:30	2.3	9:00	9:00	9.5	12:00	5:30	1.9	6:00
ST.PETERSBURG	7:00	2.4	7:00	7:30	2.3	8:00	8:30	9.5	12:00	5:00	2.1	5:00
TEMPLE	6:30	1.7	6:00	7:00	1.7	7:30	11:30	.34	12:00	6:00	1.5	6:00
TULSA	7:00	2.5	7:00	8:30	2.2	8:00	9:30	9.7	12:00	5:00	1.8	4:30
WALTHILL	6:30	2.17	6.00	7:00	1.96	7:00	11:30	3.17	12:00	5:30	1.26	6:00

ACTIVITIES.

Pg 1

	BEDTIME			MEALS COOKED AT HOME						
	MEAN	ST. DEV.	MODE	BREAKFAST ONLY	LUNCH ONLY	BREAKFAST & LUNCH ONLY	SUPPER ONLY	BREAKFAST & SUPPER ONLY	BREAKFAST SUPPER & LUNCH ONLY	ALL THREE
CHICAGO	10:00	3.11	10:00	6	2	0	13	38	1	36
CINCINNATI	10:00	4:40	11:00	5	1	3	4	41	0	45
DALLAS	9:30	2.5	10:00	11	0	0	11	41	5	29
DENVER	10:30	3.0	10:00	0	0	0	12	25	0	62
DETROIT	9:00	5.9	12:00	0	0	0	0	45	0	54
EMMETT	10:00	2.8	10:00	5	0	2	5	8	2	75
GREENWOOD	9:00	2.6	9:30	64	0	7	0	26	0	1
HELENA	9:30	.98	10:00	0	0	0	0	66	0	33
MIAMI	10:00	2.6	10:00	0	0	2	0	3	0	93
N.Y. (HENRY)	9:30	3.8	10:00	3	0	0	1	40	0	53
N.Y. (HUDSON)	10:00	2.3	10:00	25	0	0	0	62	0	12
OLIVE HILL	9:00	1.4	9:00	10	0	5	0	35	0	50
SALT LAKE CITY	9:30	4.6	10:00	0	0	10	3	17	0	68.
ST.PETERSBURG	9:00	3.9	10:00	3	0	15	0	69	0	10
TEMPLE	10:00	1.2	10:30	6	0	25	0	18	0	50
TULSA	9:30	3.9	10:30	13	0	6	7	50	1	20
WALTHILL	9:30	2.11	10:00	0	0	1	2	18	2	74

ACTIVITIES
pg 2

	HOURS SPENT WATCHING T.V. /DAY									
	0	1	2	3	4	5	6	7	8	9+
CHICAGO	25	5	23	15	14	6	4	0	1	3
CINCINNATI	24	4	11	17	19	5	6	0	2	5
DALLAS	31	9	22	18	9	9	0	0	0	0
DENVER	50	10	10	10	10	10	0	0	0	0
DETROIT	47	0	10	0	10	5	0	0	0	26
EMMETT	44	7	7	13	11	3	6	1	1	3
GREENWOOD	57	10	22	6	0	7	1	0	0	0
HELENA	14	14	14	14	14	14	14	0	0	0
MIAMI	15	24	26	21	7	2	2	0	0	0
N.Y. (HENRY)	34	13	24	13	3	3	3	1	0	3
N.Y. (HUDSON)	20	20	20	20	10	10	0	0	0	0
OLIVE HILL	47	13	26	6	8	0	4	0	0	0
SALT LAKE CITY	10	13	26	13	20	6	6	0	0	3
ST.PETERSBURG	17	20	21	14	9	6	3	2	1	1
TEMPLE	23	11	11	17	11	5	11	5	0	0
TULSA	27	7	16	15	16	6	6	0	1	3
WALTHILL	34	7	23	8	10	4	5	0	2	2

ACTIVITIES
pg3

HOURS SPENT LISTENING TO RADIO/DA

	0	1	2	3	4	5	6	7	8	9+
CHICAGO	50	12	13	7	4	1	1	0	1	5
CINCINNATI	44	15	7	7	11	1	1	0	2	4
DALLAS	72	13	13	0	0	0	0	0	0	0
DENVER	50	20	0	0	0	10	10	0	10	0
DETROIT	63	10	5	5	0	10	0	0	0	5
EMMETT	73	7	6	3	3	1	0	0	0	0
GREENWOOD	16	13	44	10	10	2	0	0	2	0
HELENA	42	28	14	14	0	0	0	0	0	0
MIAMI	15	37	21	6	5	5	3	0	3	0
N.Y. (HENRY)	21	28	16	21	3	3	0	0	0	6
N.Y. (HUDSON)	30	40	10	20	0	0	0	0	0	0
OLIVE HILL	73	13	4	4	0	0	4	0	0	0
SALT LAKE CITY	40	26	16	3	10	0	0	0	0	3
ST.PETERSBURG	51	25	6	4	1	0	0	0	2	6
TEMPLE	41	29	17	5	0	0	0	0	0	5
TULSA	39	13	15	9	4	5	2	1	1	8
WALTHILL	56	16	13	7	2	2	0	0	0	0

ACTIVITIES
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NUMBER OF BOOKS READ PER MONTH

	0	1	2	3	4	5	6	7	8	9+
CHICAGO	82	5	4	1	3	0	0	0	0	1
CINCINNATI	77	6	7	0	1	0	0	0	0	2
DALLAS	72	13	9	4	0	0	0	0	0	0
DENVER	70	0	10	10	10	0	0	0	0	0
DETROIT	78	10	10	0	0	0	0	0	0	0
EMMETT	78	9	6	0	0	0	0	0	0	2
GREENWOOD	89	5	1	0	1	1	0	0	0	1
HELENA	28	14	0	0	28	0	0	14	0	14
MIAMI	53	21	10	7	6	1	0	0	0	0
N.Y. (HENRY)	73	12	3	0	0	3	0	0	1	1
N.Y. (HUDSON)	80	0	10	0	0	0	0	0	0	10
OLIVE HILL	65	26	0	4	4	0	0	0	0	0
SALT LAKE CITY	33	26	23	6	6	3	0	0	0	0
ST.PETERSBURG	77	9	5	2	1	0	1	0	0	1
TEMPLE	76	11	5	5	0	0	0	0	0	0
TULSA	58	25	11	3	1	0	1	0	0	0
WALTHILL	87	2	2	2	2	0	0	0	0	2

ACTIVITIES
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	NUMBER OF WEEKS VACATION PER YEAR								WHERE TAKEN			
	0	1	2	3	4	5	6	7+	FAMILY	RESORT	TRAVELLING	OTHER
CHICAGO	67	12	7	5	2	0	1	1	79	8	11	5
CINCINNATI	62	12	10	4	1	1	2	2	80	8	34	4
DALLAS	58	11	17	0	0	5	0	5	80	0	30	10
DENVER	0	0	28	28	14	0	0	0	87	12	62	0
DETROIT	40	6	6	13	13	6	0	0	73	24	48	2[illegible]
EMMETT	43	12	16	4	4	1	3	5	87	2	25	12
GREENWOOD	83	2	4	1	4	0	1	0	92	7	14	0
HELENA	50	16	33	0	0	0	0	0	99	0	33	0
MIAMI	94	0	0	0	2	0	0	0	72	0	17	15
N.Y. (HENRY)	65	1	14	8	0	1	1	3	53	26	0	22
N.Y. (HUDSON)	50	0	20	0	10	0	0	10	60	40	0	20
OLIVE HILL	52	5	29	0	0	0	0	5	91	0	8	8
SALT LAKE CITY	26	7	19	19	11	3	3	3	83	20	51	0
ST.PETERSBURG	76	3	0	0	3	0	1	12	57	11	18	19
TEMPLE	57	0	7	0	7	7	0	14	99	14	57	14
TULSA	62	8	16	2	6	0	1	0	90	6	24	9
WALTHILL	74	1	1	0	3	3	6	6	91	0	22	3

ACTIVITIES
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EXPENDITURES

	INSURANCE		UTILITIES		TELEPHONE		HOUSING		MEDICAL		DENTAL	
	MEAN	ST. DEV	MEAN	ST. DEV	MEAN	ST. DEV	MEAN	ST. DEV	MEAN	ST DEV	MEAN	ST. DEV
CHICAGO	14.37	20.39	5.61	7.19	6.53	2.40	50.74	14.47	16.62	11.32	5.33	4.51
CINCINNATI	17.69	24.62	15.17	16.43	7.23	9.07	61.09	19.67	10.82	9.2	10.86	8.61
DALLAS	13.10	22.45	11.14	10.71	5.96	1.46	37.57	33.86	13.00	12.77	0.0	0.0
DENVER	26.40	4.10	12.60	9.96	1.43	1.27	64.40	20.23	24.25	17.67	29.00	19.05
DETROIT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EMMETT	28.06	58.07	21.00	10.44	7.96	1.51	56.11	81.53	19.00	20.41	6.44	10.79
GREENWOOD	6.17	10.49	19.11	9.15	7.29	2.75	23.55	19.21	5.17	2.69	0.0	0.0
HELENA	69.20	85.12	14.50	4.55	12.63	15.77	47.33	11.79	0.0	0.0	0.0	0.0
MIAMI	11.08	9.44	8.00	3.74	6.63	1.36	50.55	28.19	10.13	5.87	5.00	1.41
N.Y. (HENRY)	8.71	5.15	15.40	7.09	6.55	1.33	51.10	13.46	5.55	3.35	7.00	4.36
N.Y. (HUDSON)	0.0	0.0	7.50	3.54	9.00	5.29	60.75	11.49	9.00	3.01	15.00	0.0
OLIVE HILL	13.18	9.81	19.35	10.34	7.43	3.15	42.67	31.64	11.62	6.05	40.00	0.0
SALT LAKE CITY	10.27	5.71	18.77	11.64	7.38	2.85	54.77	25.09	9.71	6.95	13.50	2.12
ST.PETERSBURG	10.55	13.96	15.04	8.63	7.08	6.71	40.90	45.17	20.13	20.59	29.13	43.87
TEMPLE	16.09	12.83	19.33	11.42	7.56	3.64	81.56	0.0	12.43	8.14	23.00	15.72
TULSA	10.17	10.61	25.57	11.10	5.43	1.20	34.11	12.99	13.29	15.33	7.00	5.57
WALTHILL	12.74	12.32	22.56	12.22	7.38	4.72	37.00	17.43	15.31	12.45	1.00	0.0

FISCAL
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EXPENDITURES

	GROCERIES		TRANSPORT.		CLOTHING		EATING OUT		ENTERTAINMENT		MISC.	
	MEAN	ST DEV	MEAN	ST. DEV	MEAN	ST. DEV.	MEAN	ST. DEV	MEAN	ST. DEV	MEAN	ST. DEV.
CHICAGO	110.53	26.58	7.69	7.87	8.65	6.08	12.56	12.02	8.70	7.27	5.00	0.0
CINCINNATI	46.08	40.17	6.82	4.83	14.01	12.69	7.39	4.23	5.58	3.63	11.22	7.73
DALLAS	22.92	17.28	5.50	5.47	32.57	45.47	0.0	0.0	0.0	0.0	0.0	0.0
DENVER	26.67	11.69	12.00	9.27	8.00	8.12	18.50	13.67	4.67	3.51	0.0	0.0
DETROIT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EMMETT	56.05	96.50	20.26	30.75	16.08	14.00	15.90	24.18	53.11	0.0	0.0	0.0
GREENWOOD	28.17	15.26	6.05	5.79	10.10	16.27	1.67	0.52	0.0	0.0	6.62	9.66
HELENA	37.88	32.39	15.00	12.25	6.25	2.50	0.0	0.0	6.00	1.41	0.0	0.0
MIAMI	46.69	24.59	7.19	7.73	7.73	8.97	19.63	17.13	0.0	0.0	5.05	2.48
N.Y. (HENRY)	49.73	28.97	6.50	3.76	8.25	7.28	10.00	5.80	0.0	0.0	46.53	73.21
N.Y. (HUDSON)	35.71	32.71	20.00	25.98	0.0	0.0	28.00	27.52	5.67	4.04	0.0	0.0
OLIVE HILL	39.82	22.50	7.75	5.56	11.33	5.65	8.00	7.31	0.0	0.0	0.0	0.0
SALT LAKE CITY	35.00	32.06	10.86	8.28	22.00	11.51	7.50	2.89	6.33	3.21	0.0	0.0
ST.PETERSBURG	13.47	45.01	6.69	5.53	5.00	4.06	6.94	6.89	0.0	0.0	0.0	0.0
TEMPLE	71.09	99.02	14.00	14.55	7.60	4.34	14.17	13.67	6.75	3.77	0.0	0.0
TULSA	29.88	14.32	11.18	11.20	10.48	11.00	9.40	11.10	6.27	3.50	16.45	39.47
WALTHILL	59.11	37.63	17.67	12.57	16.50	18.51	9.00	5.84	8.17	4.49	30.67	16.17

FISCAL
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	VISION					HEARING			TEETH			
	GOOD	USE GLASSES	POOR, EVEN WITH GLASSES	PARTIALLY BLIND	BLIND	GOOD	HARD	HEARING AID	GOOD	POOR	NEED DENTURES	USE DENTURES
CHICAGO	1	10	67	19	0	78	17	3	14	9	6	68
CINCINNATI	0	1	75	13	0	72	24	3	11	5	1	82
DALLAS	0	22	50	16	0	77	22	0	23	23	4	47
DENVER	0	16	66	16	0	75	12	12	33	0	0	66
DETROIT	1	47	29	17	0	80	20	0	43	12	6	37
EMMETT	2	10	74	9	0	81	16	2	15	5	7	70
GREENWOOD	0	28	19	21	0	69	30	0	6	36	22	34
HELENA	0	12	87	0	0	83	16	0	0	0	14	85
MIAMI	0	10	68	16	0	77	21	0	31	14	7	46
N.Y. (HENRY)	0	12	46	35	0	79	17	3	6	10	8	75
N.Y. (HUDSON)	0	20	60	20	0	70	20	10	30	0	10	60
OLIVE HILL	0	14	50	35	0	58	41	0	6	18	12	62
SALT LAKE CITY	0	4	85	9	0	81	18	0	21	0	4	73
ST.PETERSBURG	8	1	50	24	0	79	20	0	7	6	3	82
TEMPLE	1	7	50	28	0	61	30	7	13	0	0	86
TULSA	1	21	64	12	0	77	22	0	17	11	20	50
WALTHILL	4	17	50	15	0	65	33	0	20	24	19	36

	MOBILITY							
	CAN WALK LONG DISTANCES	WALK WITH CANE OR CRUTCH	WHEEL CHAIR	DIFFICULTY WALKING	CAN CLIMB STAIRS	BED FAST	ATTENDING CENTER	HOME-BOUND
CHICAGO	25	9	2	48	12	0	95	5
CINCINNATI	15	9	2	50	19	1	95	5
DALLAS	4	9	2	59	22	2	0	0
DENVER	2	9	2	60	22	2	0	0
DETROIT	7	9	2	56	21	2	2	0
EMMETT	25	7	2	45	16	1	83	17
GREENWOOD	21	7	0	71	0	0	96	4
HELENA	6	9	0	84	0	0	0	0
MIAMI	66	5	0	28	0	0	83	17
N.Y. (HENRY)	40	6	1	50	0	0	84	16
N.Y. (HUDSON)	60	20	0	20	0	0	0	0
OLIVE HILL	19	23	0	33	23	0	91	9
SALT LAKE CITY	52	4	0	30	13	0	0	0
ST.PETERSBURG	17	25	0	47	6	1	4	96
TEMPLE	40	26	0	26	0	6	92	8
TULSA	49	7	0	36	6	0	96	4
WALTHILL	50	15	0	24	0	1	84	16

HOW MEDICAL CARE IS PAID FOR

	MEDICARE	PRIVATE INSURANCE	MEDICARE AND PRIVATE INSURANCE	SAVINGS/INCOME	MEDICARE AND SAVINGS/INCOME	PRIVATE INSURANCE AND SAVINGS/INCOME	ALL THREE	OTHER	MEDICARE AND OTHER	PRIVATE INSURANCE AND OTHER	MEDICARE, PRIVATE INSURANCE, AND OTHER	SAVINGS/INCOME AND OTHER
CHICAGO	43	1	2	36	7	0	0	4	2	0	0	0
CINCINNATI	38	1	15	21	9	2	8	2	1	0	0	0
DALLAS	75	5	0	0	0	0	0	0	0	0	0	0
DENVER	12	0	0	0	0	0	0	0	0	0	0	0
DETROIT	46	7	7	23	7	0	0	0	0	0	0	0
EMMETT	37	6	9	20	9	1	2	9	3	1	1	1
GREENWOOD	77	0	0	0	0	0	0	0	0	0	0	0
HELENA	42	0	0	0	0	0	0	0	0	0	0	0
MIAMI	25	2	3	10	2	1	0	42	10	0	0	0
N.Y. (HENRY)	47	0	0	0	0	0	0	0	0	0	0	0
N.Y. (HUDSON)	22	11	11	44	0	0	0	0	0	0	0	0
OLIVE HILL	44	11	5	16	5	0	0	0	0	0	0	0
SALT LAKE CITY	28	4	23	9	0	0	0	0	0	0	0	0
ST.PETERSBURG	9	3	24	10	34	0	0	0	0	0	0	0
TEMPLE	28	14	7	7	7	14	7	7	7	0	0	0
TULSA	60	2	2	14	7	0	0	0	0	0	0	0
WALTHILL	17	1	5	4	4	0	0	0	0	0	0	0

	Receiving Medical Care From Where			
	Private Physician	Public Clinic	Private Clinic	Other
CHICAGO	69	28	2	1
CINCINNATI	78	16	2	3
DALLAS	67	22	11	0
DENVER	71	29	0	0
DETROIT	75	17	8	0
EMMETT	86	8	2	4
GREENWOOD	18	70	6	5
HELENA	63	25	13	0
MIAMI	28	19	4	49
N.Y. (HENRY)	33	62	0	5
N.Y. (HUDSON)	30	40	30	0
OLIVE HILL	94	0	0	6
SALT LAKE CITY	70	30	0	0
ST.PETERSBURG	93	2	2	3
TEMPLE	46	31	0	23
TULSA	0	0	0	0
WALTHILL	13	53	6	28

	RECEIVING MEDICAL CARE			
	AT PRESENT	LAST 6 MO.	LAST YEAR	LAST 5 YEARS
CHICAGO	79	8	6	6
CINCINNATI	57	16	11	15
DALLAS	69	0	15	15
DENVER	66	23	0	0
DETROIT	71	14	14	0
EMMETT	47	16	18	17
GREENWOOD	83	11	4	0
HELENA	62	12	12	12
MIAMI	51	26	13	10
N.Y. (HENRY)	94	3	0	1
N.Y. (HUDSON)	11	14	33	11
OLIVE HILL	57	21	14	7
SALT LAKE CITY	55	15	15	15
ST.PETERSBURG	67	16	5	10
TEMPLE	50	42	0	7
TULSA	53	23	11	10
WALTHILL	53	21	11	13

EXHIBIT III.—EKNI-REPORT PREPARED BY EKNI, CHATSWORTH, CALIFORNIA

We believe that an indirect but critical result of AOA providing meals to an average 2500 people per day is that many of these individuals would not be motivated to either eat or even leave their rooms if it were not for these projects. If we add this to what we already know about the impact of aging with the psychological isolation that occurs, we can predict that out of the 2500 people probably 250 to 500 would require community support of a considerably more expensive nature, i.e. intensive social service work to possible maintenance in a board-and-care home. If you consider that the average age of AOA participants is 72. and that they are so highly motivated as to attend the AOA projects daily, it indicates the importance of these projects. Other indexes of the value of these projects are the individuals wearing their "Sunday best" clothes, extreme concern if an individual doesn't show up (in fact will spend 10¢ or 20¢ of their own money to phone them to find out where they are), development of social groups which are self-supporting, etc. All these factors give positive indications of a high motivational value in the nutrition projects.

If you look at the money expenditures you will see that these people are spending less than $50 per month on food. Considering that this is the average expenditure, those in the lower income ranges are spending less than $50 per month on food. With this amount of money it is impossible to meet even a minimum nutritional standard. Nutrition projects are even more critical for the individuals who have considerable eating and digestion problems and cannot eat some of the low priced meats, as they can't chew or digest them.

At present the evidence for a National Nutrition Program is mainly indirect in that the projects will keep individuals from deteriorating and becoming a greater financial burden on the community.

I do not believe we have to belabor what we already know about the impact and isolation of aging, and the counter-effects the projects have on them both from a psychological as well as physical standpoint.

Mr. BRADEMAS. I notice that in your prepared statement you make the observation that the food stamp program and the commodities distribution program don't really solve the problem of providing adequate meals for older persons and I assume, therefore, that in your view, simply expanding the food stamp program or the commodities distribution system would not resolve the problem?

Mr. PEPPER. That is correct, Mr. Chairman, I don't believe they are appropriate to the solutions of the problems of the elderly.

Mr. BRADEMAS. Do you have any comment, Mr. Pepper, on the question I put to Mr. Vuocolo, namely, should this bill apply only to the economically disadvantaged senior citizen or be available to other senior citizens?

Mr. PEPPER. The question being that the program would be made available to other than the needy?

Mr. BRADEMAS. Yes.

Mr. PEPPER. The answer to that is that it is like social security, where there is a distinction between old age survivors insurance and public welfare. Nevertheless the means test has been a disparagement of the dignity of all the people who have had to submit to it. Now there is not a large amount of money involved here for the individual. The people who are able to buy an adequate meal would ordinarily do it. So the number who would claim eligibility under the program, who are able to provide adequately for themselves, would not be large, in my opinion.

I think Mr. Justice Holmes one time said everything from the 12 tables to the present time is a matter of degree. We have to balance one end off against another. Rather than to have the means test with the degradation that it seems to suggest in the mind of the recipient, and to subject these elderly people to the feeling that they come as charitable patients, as it were, as people who are on bounty, I would rather not include such a provision. Give them an opportunity to come and have a good meal in an affluent country with their friends and others of their general age group and enliven their lives rather than say, "Well here, you three ought not to be here, you could have gone down to the cafeteria, to a good restaurant, a hotel, you could have had your meal at home, why are you here?" I just think when you balance the interest of one against the other the public interest would benefit by not applying the means test to those not in the eligible age group. Of course, we would make it available to those above 65 years of age. Once you come into that age group I think they have done enough for America in 65 years. If they chose to come there they will stimulate a livelier interest in the group. So in the balance I would say let's not apply the means test.

Mr. **Brademas**. I appreciate that answer. I would simply observe, before yielding to Mr. Hansen, that you just suggested that many Americans have done enough in their 65 years, that you only last week reached your 70th birthday and I think you are to be congratulated for having done so much for your country in 70 years and I wish you a belated happy birthday.

Mr. **Pepper**. Thank you very much, that was a happy day because it was our election day and birthday together.

Mr. **Brademas**. Also the Chair wants to observe how pleased we are to see that great lady, Mrs. Pepper.

Mr. Hansen.

Mr. **Hansen**. Thank you, Mr. Chairman. I would join the chairman in a very warm birthday greeting, however belatedly, and express my own personal appreciation for the leadership that you have furnished in the development of this legislation, leadership over the years in focusing national attention on some of the problems that all too often escaped our attention.

I felt the hearings in Miami, which you very kindly helped to arrange were extremely useful and produced a good deal of valuable testimony. I think that helped in pointing up some of the areas where we need additional information and where perhaps we may seek modifications that can strengthen this legislation. I was much impressed in the course of the testimony presented with the opportunities we have to provide services for the older people particularly in the areas where there is a fairly large concentration of older people. I would just make the observation and perhaps solicit your comment on the need which I see in my own district being a sparsely populated and largely rural district for the same kind of services but under circumstances where it is much more difficult within these limitations to meet the nutritional needs of these older people.

Do you see in this legislation some device that might be developed to extend its benefits to areas of lesser concentration of population for people?

Mr. **Pepper**. Several of the title IV programs were in rural areas and were highly successful. I personally feel that the elderly in these areas have the most need for these social contacts. The example which I included in my prepared statement is of a rural project. It is practical, feasible, and outstanding in all respects. The impact on the community is high and the cost is reasonable. The extra data I included also supports the high value of such a program in rural areas. I thank the able gentleman and I want to commend him for his personal interest in it. I am so much gratified that there is a bipartisan appreciation of this problem and very genuine and concerned desire to do something about it.

I want to commend the chairman and the committee for their splendid aid.

Mr. **Hansen**. Thank you again. I would acknowledge the very valuable data which you have accumulated and attached to your statement which I have examined. I am sure this will be of value to the committee when we move forward in these hearings.

Thank you.

Mr. **Brademas**. Thank you very much.

Mr. **Pepper**. Thank you, Mr. Chairman.

Mr. **Brademas**. Our next witness is Mr. Peter Hughes, accompanied by Mr. Robert Sykes. Mr. Hughes and Mr. Sykes we are pleased to see you with us. Just introduce yourselves and go right ahead.

The Chair would like to ask unanimous consent, while these gentlemen are taking their seats, to insert in the record at this time the testimony of the Honorable Bertram L. Podell, the Representative from New York, on this bill.

(The information follows:)

STATEMENT OF BERTRAM L. PODELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Chairman, in my home district in Brooklyn, I am privileged to number among my constituents a large percentage of senior citizens. I am, therefore, deeply concerned with the nutritional crisis which currently faces many older people in America.

It is a sad, but well known fact that most of the elderly people in this country exist on diets which are woefully inadequate. Often, they are referred to as "tea and toast" diets, a description which is all too accurate. Mrs. Sandra Howell, project director for the Gerontological Society, explained the inevitable result of such malnourishment: "When poor nutrition exists and persists in the older adult, it serves to intensify the severity of other conditions which accompany the processes of aging. By not specifically dealing with the problems of adequate diet in the elderly, we encourage the spiral of chronic disease, physical and psychic disability and ultimate institutionalizations."

The reasons for this disgraceful situation are many. However, to state the problem in the most straightforward terms possible, elderly people do not eat well because they cannot afford to.

Today's senior citizens have been doubly victimized by the circumstances of history and economics. Their peak earning years came during the depression or before the advent of minimum wage laws; and as a result, they were not able to accumulate the large savings necessary to provide for their later years. Those who by hard work and good fortune were able to maintain small savings have had these reserves quickly depleted by today's soaring cost of living. Therefore, most older Americans are now obliged to exist on Social Security benefits from the Federal Government.

Mr. Chairman, to say I was shocked to learn of the paltriness of these benefits is an understatement. The average Social Security benefit for a retired worker is $99 a month, $87 per month for a widow and $166 a month for a retired couple. Yet, according to the Bureau of Labor Statistics, a moderate budget for a retired couple is $370 a month—more than two times the amount the government provides.

The situation is even worse concerning state welfare programs. In New York, one of the states with so-called "liberal" welfare statutes, the elderly poor are allotted a grand total of 66¢ a day for food. I shudder to think of what people are forced to live on in less "liberal" states.

The impossibility of achieving proper nourishment on such a meager sum as 66¢ should be evident. Several wealthy people of impeccable reputation have tried such a diet for just one week and have told us of the misery and hunger it has caused. Our wealthy friends, however, could always look forward to meat and vegetables only a few days later; and such knowledge was enough to keep them going for one painful week. Imagine, though, how it feels for an elderly man or woman to know that from the day he retires until the day he dies, there will be no hope of escaping such near starvation.

There are several other reasons, aside from simple poverty, which prevent senior citizens from eating well. The process of aging is not easy for anyone. Suddenly, dearly loved husbands or wives are gone. Friends become ill. One by one they too pass away. Children are far away, raising families of their own. Life has become very, very lonely.

Consider the effort required for poor older people to plan and cook adequate meals. One food after another is prohibited by diet restrictions. Aching legs must trek from store to store in search of the best bargains. Groceries must be carried home and up flights of stairs, while hearts are pounding and breath is short. Dull, meager meals must be prepared and cooked. Finally, our senior citizens must sit down to eat—alone!

Can we honestly expect older Americans to go through this same tedious routine day after day, with no hope of relief from the loneliness and boredom? I think not, Mr. Chairman.

One of the reasons I am so enthusiastic about the Pepper Bill is that it goes directly to the heart of this dilemma. Unlike so many other proposals, Congressman Pepper's Bill does not merely advocate pouring massive doses of money into a panacea which does no more than clear up some of the symptoms of the problem.

Under the provisions of the Pepper Bill, low cost, nutritionally sound meals could be delivered to those elderly people who are not able to leave their homes. For those who are able to get about more easily, the same meals could be served in local community centers. Such an arrangement would not only provide superior nutrition for the elderly, but would immeasurably widen their social horizons. New friendships would be made, new interests developed. A program of this sort would be a major step towards relieving not only the nutritional problem of our senior citizens, but the loneliness and boredom which are major causes of that problem.

Unless we move now to solve the nutritional crisis facing the elderly, it is very possible that in the near future we will be debating not the number of older Americans, but the starvation of older Americans.

America's senior citizens have served their country well for many long years. They now need our help in facing a problem of grave proportions. It is my fervent hope that we will not fail them.

STATEMENT OF CYRIL F. BRICKFIELD, LEGISLATIVE COUNSEL, AMERICAN ASSOCIATION OF RETIRED PERSONS AND NATIONAL RETIRED TEACHERS ASSOCIATION; ACCOMPANIED BY PETER HUGHES AND ROBERT SYKES, LEGISLATIVE REPRESENTATIVES

Mr. BRICKFIELD. Thank you, Mr. Chairman. Mr. Chairman, my name is Cyril F. Brickfield. I am accompanied by Mr. Peter Hughes, who is my associate and legislative representative and Mr. Robert Sykes, my other associate and legislative representative. I have a prepared statement, it runs 7½ pages. With your permission I would ask that it be printed in the record as submitted and I will summarize it and give its highlights.

Mr. BRADEMAS. That will be fine.

(The information follows:)

STATEMENT OF CYRIL F. BRICKFIELD, LEGISLATIVE COUNSEL, AMERICAN ASSOCIATION OF RETIRED PERSONS AND NATIONAL RETIRED TEACHERS ASSOCIATION

I am Cyril F. Brickfield, Legislative Counsel for the American Association of Retired Persons and the National Retired Teachers Association. I am accompanied this morning by our legislative representatives, Peter W. Hughes and Robert F. Sykes.

Our organizations, as national, nonprofit and nonpartisan associations with a combined membership of over two million older persons are dedicated to the task of easing the burdens of life for all America's older citizens. And it is upon their behalf that we appear before you today.

I should like to begin my presentation by stating that our Associations strongly support the concept of a Nutrition Program for Older Americans. Moreover, we believe that the provisions of H.R. 17763 offer to the Congress, and to the nation as a whole, the opportunity to take a major step toward solving one of the more serious, but least publicized, problems affecting today's older person.

The 20 million elderly in the United States now represent 10 percent of our population and, at the same time, constitute the most uniformly malnourished segment of that population. Thus, in numbers alone, we are speaking of a very substantial part of our society.

The insidious impact of malnourishment on these people has been described by Mrs. Sandra Howell of the Gerontological Society in testimony last year before the Senate Select Committee on Nutrition and Human Needs:

"When poor nutrition exists and persists in the older adults, it serves to intensify the severity of other conditions which accompany the processes of aging. By not specifically dealing with the problems of adequate diet in the elderly (we encourage) the spiral of chronic disease, physical and psychic disability, and ultimate institutionalization."

There are, of course, a number of factors which can be identified as barriers to adequate nutrition for older people. Among these are low income, immobility, loneliness, emotional stress, and lack of knowledge concerning nutrition. But foremost among these is inadequate income.

It has been authoritatively estimated that nearly 40 percent of this nation's older people live at or near the poverty level, subsisting on 20 to 40 percent of their average earnings during the years prior to retirement. For them food becomes the one expendable item in a budget that can include only absolute necessities. Rents, taxes, medicines and similar items must be paid, and as the cost of these goes up and income remains constant, the only source of additional funds lies in savings gained from a reduction in the quantity and quality of food consumed. This would be especially true for those many older persons who, for medical reasons, have been placed on specialized diets which often contain more costly food items than an ordinary meal.

We simply cannot escape the plain fact that a substantial number of older people do not have the cash resources to avail themselves freely of foods, even though their motivation, dietary information, and levels of health might allow for optimum selection and consumption.

It is hoped that by establishing a permanent nationwide Nurition Program, under the Older Americans Act, great numbers of older persons, who otherwise could not afford it, will now be given the opportunity to enjoy one good, nutritionally adequate meal five days a week.

We are, however, concerned lest the programs never reach those who are most in need of it. Unless the outreach functions of the administering state agency are vigorous, and a precise attempt is made to locate those older persons who will benefit most from the services provided, then the central purpose of the Nutrition Program will not be achieved. Often it is those most capable of helping themselves who become the participants in activities specifically designed to aid people who cannot help themselves. Thus, we should like to emphasize for the Committee just how crucial to the success of the entire Program will be the outreach function performed at the local level.

Lack of mobility is a handicap which adversely affects the elderly in a number of ways. In and of itself, it is a barrier to good nutrition, but it can also set up additional barriers to good health and nutrition by causing or contributing to conditions of loneliness and emotional stress.

We are, therefore, particularly pleased that H.R. 17763 provides that the site for individual programs be located in as close proximity to the majority of eligible individuals' residences as possible, and, preferably within walking distance. This provision is significant in light of the experience gained from demonstration projects conducted under Title IV grants where, for example, it has been shown that nutrition programs hold the greatest attraction for those living in a high density area of older persons which is near the activity site. The willingness of citizens to participate in such projects can vary in direct proportion to the travel time which such participation will require.

It might also be of interest to note here that research indicates that the maximum number of blocks which an older person will walk in order to purchase groceries is somewhere in the neighborhood of three. Thus, an 'on-foot' older shopper is virtually a captive consumer of his local store and must accept whatever pricing policy, selection, and quality of goods are offered. Perhaps the Nutrition Program in this bill could be expanded somewhat in order to provide an additional service responsive to this problem.

We feel that the emphasis which H.R. 17763 has placed upon the social aspect of the Nutrition Program, including the provision for additional activities is entirely appropriate. The social functions of food provide a direction for intervention programs for the elderly that may improve not only their nutritional status, but also their psychological and social health. Moreover, evidence seems to support the general hypothesis that social interaction is positively related to dietary intake and nutrition in the older person. Also, it is reasonable to assume that the increased physical activity with its resulting benefits to metabolic processes which social interaction entails could help improve the general nutritional status of an older person. Finally, the group meal could furnish the participant with what might be his only meaningful social contact for each day. This function alone would justify the Program.

While not desiring to go into the details of execution at the local level, we do feel that some comment should be directed to the Program's educational aspect. Findings from nutritional studies of the general population indicate that the elderly are relatively uninformed about good nutritional practice compared with other age groups. Two facts stand out: (1) The older person tends to follow the dietary patterns of the community in which he lives. (2) The older person tends to follow the dietary patterns of the years when his own life habits were formed. The development of nutrition education programs, then, becomes a very difficult matter, and it would seem that such programs should be put together on an individual (local) basis and centered around already accepted foods and established eating patterns. Indeed, it appears that with respect to old persons, all methods of teaching nutrition facts, food purchasing, and preparation need to be designed in varied and special ways.

Turning now to the administrative provisions of H.R. 17763, we wish to question the advisability of vesting authority for federal administration of the program within the Department of Agriculture. The language of the bill itself states that H.R. 17763 seeks to address itself to physiological, psychological, social, and economic changes that occur with aging and result in a pattern of living which causes malnutrition and further physical and mental deterioration. Besides promoting better health among the older segment of our population through improved nutrition, the Program established by this bill would, through the use of a variety of community resources, be a means of promoting greater opportunity for social contact, increasing participants' knowledge of health in general, and promoting positive mental health and independence through the encouragement of greater physical and mental activities.

As interpreted by our Associations, the above language indicates that H.R. 17763 envisions much more than the mere provision of a daily hot meal; it approaches a comprehensive social program, and we believe that, as such, its purpose can best be achieved through utilization of the resources of the Administration on Aging. We therefore would suggest that AOA rather than the Department of Agriculture be given the responsibility for administering the Nutrition Program set up by this bill. Similarly, we feel that, at the state level, the administering agency should be that governmental unit having primary responsibility for responding to the needs of the state's older residents.

In summary, Mr. Chairman, the nutrition problems of the aged stem from multiple causes and experience would indicate that no single approach could be effective in overcoming all obstacles to adequate food and nutrition. As stated by Jeanette Pelcovits, Nutritionist and Specialist in Aging with the Administration on Aging and Dr. Douglas Holmes, Director of the Center for Community Research in New York City:

"Certainly many of the aged cannot afford to buy those foods which are essential to meeting nutritional needs. At the same time, it has become apparent that the mere provision of an income subsidy would not produce solutions for all the social, psychological and health-related factors that contribute to malnutrition and undernutrition of the aged. Raising the income level would not motivate the aged person to cook for himself alone; it would not help the invalid to shop; it would not alleviate the feelings of loneliness, rejection, and apathy; it would not help the aged person to understand the need for a nutritionally adequate diet, or how to achieve it. Nor would it produce solutions to such everyday problems as housing and transportation which are inseparable from the problem of nutrition.

"Experience to date demonstrates that the most effective program to combat the food and nutrition problems of the aged needs to be a comprehensive program designed to meet all these related needs. The provision of meals in a group setting is a highly desirable approach because it fosters social interaction, facilitates the delivery of other services, and meets emotional needs of the aged while improving their nutrition."

Our Associations commend Congressman Pepper for sponsoring H.R. 17763 and we urge this Committee to take immediate and favorable action on it. We view the bill as a significant response to a serious need, and we appreciate your having given us the opportunity to express our thoughts.

Mr. Brickfield. Thank you. We represent the National Retired Teachers Association which has some 300,000 members throughout the United States and we also represent the American Association of Retired Persons which has over 2 million members. So with 2,300,000 members we feel that we speak for a large segment of the elderly in America.

Mr. Chairman, when poor nutrition exists in older people it intensifies the severity of other conditions that they may have, such as chronic illnesses both physical and mental. Commissioner Martin of the Administration on Aging stated that when you talk about malnutrition or undernutrition and their cures you must consider many things; not just low income, for example; but you must also consider such things as immobility, loneliness, emotional stress, lack of knowledge concerning nutrition, et cetera.

Foremost among these is the lack of income. Many expenses are fixed expenses for the elderly, such as rents, taxes, medicines, and so forth. Yet they themselves are on fixed incomes. So as prices rise something must give and usually it is in the area of food. These people cut back on food purchasing and food consumption.

That is why we support H.R. 17763, Congressman Pepper's bill, which seeks to set up a nationwide permanent nutrition program, aimed at helping the elderly.

We are particularly pleased to see such provisions as the Outreach functions which is aimed at seeking out older people. We are pleased too that the program includes recreational activities and also counseling activities that will cover health and welfare and most importantly of all an educational program to help these people solve their nutritional problems.

Turning to the administrative provisions we note the bill vests Federal authority in the Department of Agriculture. However since the bill seeks to address itself to many things such as the psychological, the sociological and the economic changes, affecting the elderly, we feel that this should be carried out by the Administration on Aging which has jurisdiction over this area generally.

In conclusion, Mr. Chairman, experience has demonstrated that the most effective programs to combat food and nutrition problems is a comprehensive program to meet all related needs, including economic, social, medical and psychological. H.R. 17763 seeks to do that and in our opinion it should be approved by the Congress of the United States.

Thank you, Mr. Chairman.

Mr. Brademas. Thank you very much, Mr. Brickfield. One of the points in your testimony has to do with the nature of the administration of the program. As you know, the language in the bill under consideration provides that the Secretary of Agriculture shall administer the program and consult with the Director on Aging in the Department of Health, Education, and Welfare. I take it it is your suggestion it would be better to place authority for administering the program in the Office of the Administrator on Aging rather than in the Department of Agriculture.

Mr. BRICKFIELD. That is right. The bill provides that the Department of Agriculture will administer the program in consultation with the Department of HEW. We would like it to go the other way, HEW should administer it in consultation with the Department of Agriculture or any other agency that would have an interest. Our reasons for it are these. Several years ago when the Congress passed the Older Americans Act it sought to create one agency that would look to all of the needs of the elderly, not just housing or not just medical or other separate items, but to have one Federal authority administer the whole program of the elderly. They set up the Administration on Aging which is a division of Health, Education, and Welfare.

Now everybody seems to agree that when you talk about nutrition you don't talk about nutrition alone. You have to look at all the related needs of the elderly people. You have to look at their loneliness, their incomes, their medical problems, everything. This total responsibility is the jurisdictional power under the Administration on Aging and therefore we feel that if the thrust of Congressman Pepper's bill is a widespread coverage for all their needs then the agency with the greatest number of elderly responsibility should be the agency to administer the program which, in our opinion, is the Administration on Aging in the Department of Health, Education, and Welfare.

Mr. BRADEMAS. Another question, Mr. Brickfield, touches on the matter of administration of the programs to be authorized in the bill. Do you favor the Federal-State partnership in effect set forth in Mr. Pepper's bill or would you rather see a program whereby the Federal government would make grants directly to the eligible citizens?

Mr. BRICKFIELD. We believe in the Federal-State relationship and we believe that there should be an agency in each State to administer the program.

But by this I don't mean, Mr. Brademas, to draw artificial lines. We feel that states for the most part should administer the programs but in some instances regional areas may be more feasible whereby you would cross state lines to do a better administrative job. But essentially we do believe in the delegation to the states to administer the program.

Mr. BRADEMAS. What about the question I put earlier to the other witness, namely, the eligibility of participants in so far as their income level is concerned.

Mr. BRICKFIELD. We feel that malnutrition or undernutrition is not a problem of the poor only. You can have money and still be undernourished. Also we feel, that the elder people should be able to socialize when they eat and go to eating centers that are contemplated in the bill.

Also some people who could have money are also homebound and this program would reach them in its Outreach provisions. It is for these reasons that we feel all elderly people should be permitted to participate in the program and if I am correct the bill provides that the recipients of this aid may be charged a reasonable fee, by the State agency which administers the program, so that those who can afford it could join in the program fully and pay a reasonable price at the same time.

Mr. BRADEMAS. That is correct. Another question on the eligible age for recipients the bill provides 65 or over, does that seem a reasonable age?

Mr. BRICKFIELD. It is a good age to begin a program. Our associations feel that 55 is a good age. We are unhappy with arbitrary age limits especially when they are capable of continuing to work and either capable of continuing to want to work or need to work. Yet, 65 is acceptable to us, Mr. Chairman.

Mr. BRADEMAS. Do either of the other gentlemen have any further points they wish to make with respect to this bill?

I have one other question. It is my understanding that some experimental programs of this kind are presently being operated in some parts of the country under what is called project authority. Now we read in newspapers about the shortage of Federal funds for a variety of programs and it has been suggested that because of inflation maybe we should not legislate this bill but rather extend the present project program. Do you have any comment on that?

Mr. BRICKFIELD. Let's go forward on both fronts, Mr. Chairman. There is a provision in the Older Americans Act, I think it is title IV, which calls for research and demonstration projects. These programs have been highly successful. Everybody is in a hundred percent agreement with the programs. If there is any shortcoming or soft spot in the title IV program it has been the lack of appropriations with which to carry out these projects. The Congress has authorized $80 million for all AOA programs. I think to date only some $32 million has been asked for and appropriated. So there have been cut backs all across the line in the Older Americans Act.

We are unhappy about it. We think that this program should be fully funded in the research area.

Mr. BRADEMAS. Mr. Hansen?

Mr. HANSEN. I have no questions.

Mr. BRADEMAS. Thank you very much, Mr. Brickfield. You have been very helpful.

Our final witness this morning is Mrs. Peggy Sheeler, of Meals on Wheels, Inc., Baltimore.

STATEMENT OF PEGGY SHEELER, REGISTERED NURSE, EXECUTIVE DIRECTOR, BALTIMORE METROPOLITAN MEALS ON WHEELS, INC.

Mr. BRADEMAS. Mrs. Sheeler, we are pleased to have you and your associates. Would you please go ahead. If you would, as the other witnesses have done, like to summarize your statement that is fine, whatever you would like.

Mrs. SHEELER. Thank you very much, Mr. Chairman. I would first like to introduce to you the lady on my right, Mrs. Eleanor McKnight Snyder, and the lady on my left is Mrs. Mary Jane Lyman, who is coordinator of Programs Development for Older People, Lutheran Social Services of Maryland.

Mr. Chairman, members of the Select Committee on Education, may I first thank the committee for giving the representatives of the Baltimore Metropolitan Meals on Wheels, Inc. an opportunity to testify concerning proposed resolution H.R. 17763, providing a nutrition program for the elderly.

As a background for my remarks may I first describe the Meals on Wheels program as it operates in Baltimore now. A hot and a cold meal are delivered 5 days a week, Monday through Friday. These are balanced regular diets served from nine kitchens, located in the geographic area served. Each kitchen is sponsored by a social agency, churches or volunteer organizations which are responsible for the project management. The only paid person in each kitchen is the part-time cook. The packaging and delivering is done by volunteers. Each kitchen has a steering committee of volunteers responsible for service from that kitchen. The criteria for receiving service of meals on wheels is—inability to prepare food, inability to purchase raw food, and not having anyone to do this for them on a regular basis. The menus, especially designed for the needs of the aging, are prepared by city, county and State nutritionists. The clients are screened by a registered nurse through the central intake office (made possible by a grant under the Older Americans Act, now financed by the United Fund of Central Maryland.) The policymaking group for this project is the board of directors. Two very vital points which must be emphasized are the 300 or more clients who are served every day are a very small portion of the 110,000 people over 65 in the city of Baltimore. Of these, 85 percent live in their own homes; more than one-third are chronically ill. The age span of our clients ranges from 60 to 94; the median age being 73. Second, experience has taught us that it is just a question of time before the needs of our clients will go beyond the food service.

May I point out some concerns about our existing project and then relate them to the proposed bill. Since Meals on Wheels is operating in 29–50 States as far as we can determine (the Baltimore project has sent its manuals of operation and had response from 29 of the 50 States) the operations are similar.

There are 1,500 volunteers who have given service, some as long as 10 years. We are concerned that the volunteer sources may become exhausted. We lack the means to effectively train the volunteers. Now we are dependent upon the related professional disciplines to give guidance when they have an opportunity. This is done by professionals in addition to their regular obligations. Therefore, guidance is not possible in a consistent way. It is just a question of time before the needs of our people go beyond the meal service. Information and referral are mandatory. Many clients lack the knowledge of good nutrition.

Education is needed so that total nutrition needs are fulfilled.

In direct response to the provisions of the resolution, I would like to make the following statements:

As provided in section 706—nutrition and other program requirements—

1. "A one-third minimum of nutritional need; actually seems conservative; this resolution will provide possiby two-thirds of the nutritional needs and guidance for the total nutritional needs. (Nutrition education, see appendage II.)

2. * * *

3. "Nutrition program in a close proximity;" establishing kitchens in the neighborhood of the elderly gives the opportunity for the ethnic food patterns to be considered and implemented. In many instances, food served that disregards this, is not only unappetizing to the aged, but in their eyes is not proper.

Mr. **Brademas.** Do you mean there, for example, that some Jewish citizens may be unhappy with the food that is not Kosher or what do you mean by that?

Mrs. **Sheeler.** Yes, sir. This has been our experience. Elderly Jewish persons, for instance, who have eaten kosher food all their lives, would sooner die than deviate from that.

4. "To utilize methods of administration including Outreach." It is vital to uncover the need and make known to the elderly, the availability of the service. It takes time for them to accept help as they have a fierce pride and independence which makes it difficult for them to be recipients.

5. The setting will be discussed in appendage I.

6. "Training"—Experience has proven that training is essential. Those working with the elderly must understand them. Another benefit of training that has been observed is an awareness on the part of the volunteers to prepare for their own senior years.

7. "To establish and administer;" in my experience it is vital that this be a multidisciplinary professional endeavor. It is absolutely essential that the medical profession, the social work profession and the nutritionists work effectively together. None of the above can meet the total nutritional needs of the elderly alone.

8. Cost—In my opinion it is essential to the human dignity of our senior people to allow them to pay a nominal fee for the service.

In Baltimore we have what we consider a sliding scale for payment for meals on wheels. People of low income, limited social security, are allowed to pay a nominal amount. Those who are able to afford more, pay more for the service.

9. "Staff," it is vital that the staff be qualified. Training must be provided to assure objectivity in dealing with the clients, as over identification with their senior peer group is a natural consequence and renders their service ineffective.

In the Baltimore project we have employed a 72-year-old part-time secretary and this has been one of the concerns which we have had to work through.

Mr. **Brademas.** Thank you very much, Mrs. Sheeler. Mrs. Lyman.

Mrs. **Lyman.** As my testimony is short, I would prefer to read it.

I would like to express my appreciation to the writers of H.R. 17763 for their substantive knowledge of the nutritional and social needs of the elderly. The provisions of this resolution reflect a fine sensitivity to the needs of senior citizens and creative approaches to meeting them.

In my own experience as a social worker with a church sponsored agency, which is providing meal services to over a 100 persons a day, I would like to state the food served in a social setting is an important focal point in relating to the elderly. While meeting much of their nutritional needs, this service combats the enemies of old age, which are isolation, alienation, and dependence. In establishing senior centers in churches, we find that the number of older people who will turn out for a luncheon or dinner is four to five times the number who will attend a function where food is not served. As the seniors come for a luncheon, they also engage in much needed socialization and a continuous relationship with such a group then enables them to discuss their other needs. If a qualified advisor is on the spot, much needed information and referral and counseling services can be given. (H.R. 17763, section 706–5.)

Certainly, the provision to give staffing preference to qualified persons over age 65 underwrites the whole concept of concern for older people. (Sec. 796(9).) To train the senior citizen for these positions is, of course, a necessity and again is a constructive approach to the basic concept. (Sec. 706(6).) In our own centers and clubs, we insist that older people plan and implement their own programs, thereby, decreasing the demonic dependence now inherent in society's approach to our 20 million senior citizens.

I would like to suggest that churches be considered as prime sites for these nutrition programs. Presently, churches serve as one of the few geographically decentralized institutions left in our urbanized society. Many are within walking distance or easily reached by public transportation to a large number of elderly and churches often represent the one stable institution in their lives. (Sec. 706(3).) While the meals might be prepared in the church kitchens as is done in eight Meals on Wheels projects in Baltimore, the meals could also be easily purchased or contracted from local nursing homes, hospitals, aging homes, restaurants, or catering services. (Sec. 705(A).)

In Maryland, voluntary agencies, such as Lutheran Social Services, Catholic and Jewish Charities already have fairly close working relationships with the Maryland State Commission on Aging and certainly could establish a working and administrative relationship with the State agency which may be established to meet the requirements of this resolution. (Sec. 765 State Plans.)

One specific Baltimore church is located adjacent to a public housing project and its membership drawn from the 1,800 residents of the project. Of these residents 143 are white elderly, 20 of whom are disabled. There are 80 black seniors, 30 of whom are disabled. All of the elderly are supported only by social security or welfare payments. Many of the latter need special diet allowances according to their physicians and while some receive these small allowances, or food stamps, their actual nutritional requirements are not being met. The causes reside both in the resident's inability to afford adequate food and their lack of sound nutritional advice.

This particular situation is only one of many examples in Baltimore. The food service might develop through a luncheon club which could be situated in either a church or the housing project facilities. Existing or additional social services could be attached to the program.

My concluding recommendation is that H.R. 17763 should establish service to the elderly in its most creative sense as the highest priority.

I thank you for the privilege of presenting this information.

Mr. **Brademas.** Thank you very much, Mrs. Lyman.

Mrs. Snyder.

Mrs. Snyder. Thank you, Mr. Chairman, for the opportunity to add my comments to those of the previous speakers, relative to the importance of the passage and implementation of H.R. 17763 which would add a new title VII to the Older Americans Act of 1965, as amended, to be entitled "Nutrition Program for the Elderly."

As you are well aware, the Baltimore community has assumed the leadership in providing a home delivered meals service which is national recognized for its length of service, involvement of volunteers, and coordination with other health and social services within the community. We were launched with the aid of a 3-year grant through title III of the Older Americans Act. We are proud of the fact that we became established as an on-going comunity agency with community funding through the United Fund and private contributions.

However, we know that we are only touching the surface of those older citizens who would be able to be maintained in their own homes if there was some provision for the preparation and service of regular meals in a convenient location. If there were available funds, we could plan the provision of the main meal of the day, which would assure between one-third and one half of the daily recommended allowances, in a variety of locations throughout the city in close proximity to the eligible individual residences as feasible, or within walking distance. These areas would include such locations as:

Community centers within housing projects.
Community schools.
Senior centers.
Recreation centers.
Churches.

Related to all of this would be a need for nutritional program that would include information to the elderly as their own personal needs for food for the additional hours of the day—say, how to prepare a simple breakfast or supper. In some areas, there might be a need to provide some dietary counseling because of modified diets for the elderly. Many older folks become food faddists and are ready to use their limited funds for all sorts of unnecessary food purchases because somebody told them it would cure some ailment. In any of these situations, there must be health and welfare counseling so that adequate referrals are made if there is a problem.

We certainly know through our home delivered food services that if somebody needs a meal they need something else. Just yesterday I was counseling with a nurse who works in our medical care program and she was saying so often their referrals to nursing homes really hinge on the availability of regular meals. This becomes a vital need because no one is there to take care of them.

No nutrition program should be operated in a vacuum. If there are to be community programs for feeding the well elderly, they should be planned in a homelike atmosphere with plenty of time to sit down and enjoy a meal that recognizes the cultural habits and likes of the group served. No matter what community agency operated the program, it should utilize the available nutrition consultants who are knowledgeable about the needs of the elderly.

I agree wholeheartedly with the recommendations of the White House Conference on Food and Nutrition and Health that meal service can be extended effectively on a workable neighborhood basis through the use of various facilities, included housing developments. This includes developments for the well elderly which also provide individual cooking facilities within their apartments.

I have been involved in several discussion groups within HUD discussing the point that some administrators in housing have said that if we put a major kitchen in a housing development we have to take out the individual kitchens. Apparently this is not necessary, it is not in the law. There could be a community feeding facility as well as an individual kitchen for breakfast and supper and a snack if they want it. I think having one meal a day provided within housing does a number of things for the elderly tenant in that it provides an automatic check, encourages companionship as well as improving the food intake.

We had a serious problem this summer as we participated in a child feeding program related to children involved in organized recreational programs. Many of the elderly appeared for a box lunch at the time the food was being distributed. Who is to say that the children were more hungry than the older citizen? We had to say "No" because the funds were designated for children. In the years to come, I am hopeful that the elderly will have a spot in our nutrition programs that will be providing prepared meals.

In summary, may I emphasize the need for adequate publication of information as to availability of funds to the local communities who are the performers of the services planned at the national level. I plead that the designated State agency, responsible for the distribution of the funds, be directed to inform a variety of community workers of the available resources so that we can make adequate use of the plans made within the Congress for improvement of the nutriture of all citizens of all age groups.

Thank you very much for facing up to the nutrition problems of the United States.

(The document referred to follows:)

ORGANIZATION MANUAL FOR MEALS ON WHEELS

Compiled and written by the following members of the Baltimore Metropolitan Meals on Wheels, Inc.:

Mrs. Grace R. Best
Mrs. Eleanor W. McCarl
Mrs. Peggy F. Sheeler
Miss Dora Smith
Mrs. Beatrice E. Strouse

Nutrition revisions by:

Mrs. E. B. McCollum
Mrs. Del Lloyd

The Baltimore Metropolitan Meals on Wheels, Inc. expresses its appreciation to the Maryland Commission on the Aging for contributing its services by printing and collating this manual.

SKELETON ORGANIZATION SCHEDULE

1. a. Survey the need for a Meals on Wheels program.
b. Ascertain availability of volunteers.
2. Organize Steering Committee.
3. Establish ways and means for financing.
4. Locate kitchen and receive approval of Health Department.

5. Recruit volunteers.
6. Train Steering Committee.
7. Employ part-time cook.
8. Develop menus.
9. Buy necessary kitchen equipment, packaging supplies, and food.
10. Set up publicity.
11. Set up routes.
12. Organize Coordinating Committee.
13. Training rally for volunteers.

INTRODUCTION

Meals on Wheels is the name applied to a program which delivers nutritious meals to the aged, convalescent, and handicapped who are unable to prepare adequate meals for a variety of reasons. These may be; physical incapacity or psychological difficulty—e.g., the task of shopping and cooking is overwhelming; or lack of incentive, or fear of crossing the streets. The individuals are socially isolated and have no one to assume responsibility for obtaining food and preparing it. Factors determining selection for Meals on Wheels service are age, economic need, and disability. The length of time the service is given depends on the client; it may be temporary or permanent.

Meals on Wheels originated in London, England during World War II. The British Red Cross Society and the Women's Voluntary Service served meals to the elderly who had been bombed out of their homes during the Blitz. Today, Meals on Wheels, financed by the British Government, serves over a million hot meals a year in London. Similar programs exist in Australia, New Zealand, Sweden, India, Israel, Barbados and throughout the British Isles. In the United States this service was begun in Philadelphia in 1954. Today there are many Meals on Wheels projects in every section of this country.

The underlying objective of this project is to prevent deterioration of the elderly and handicapped and thus enable them to live independently in their own homes as long as possible. It relieves the pressure on institutions and nursing homes and in turn, creates a financial saving for all concerned.

It is hoped this manual will provide stimulation and encouragement to groups so that Meals on Wheels may be organized in areas wherever the need exists.

PRELIMINARY PROCEDURES

Before a Meals on Wheels program is organized, the need should be verified. This can be accomplished by a survey of the health and welfare agencies, social service departments in hospitals, doctors, and religious groups in the community. Personal interviews and/or questionnaires to agencies and individuals will answer the question. Affirmative responses can serve as referral sources for the start of the project.

The questionnaire should state the purpose of the project and the criteria for acceptance of clients, as well as pose the detailed questions about possible clients. Suggested criteria for the survey are:

1. Inability to leave home frequently enough to eat at a restaurant regularly.
2. Inability to shop for food or unable to cook meals even though raw food is available.
3. No one to market and/or prepare meals regularly.
4. Without proper cooking facilities and unable to acquire them.
5. Ability to feed one's self, set out table utensils and wash them.
6. Able to pay minimum fee.
7. No communicable disease and not mentally disturbed.

After the need has been ascertained, a suitable kitchen should be located and availability of volunteers surveyed.

At this point, the Steering Committee should meet frequently in order to become familiar with its duties.

Meals on Wheels functions in a variety of ways, although basically its purpose and procedures remain the same. A hot dinner and a cold supper (served at the same time) delivered five days a week—Mondays through Fridays between the hours of 11:30 and 1:00—is the recommended schedule. Clients should be able to take care of themselves over the week-ends. Deliveries are to be made on all holidays. However, some projects provide one hot meal a day and/or serve only three times a week, according to their abilities.

The most economical and satisfactory operation is serving clients from an institution, i.e., hospital or home for the aging.

This source enables clients to have modified diets when necessary. If this is not possible, a church kitchen within the area being serviced is satisfactory. The kitchen must have the approval of the Health Department. Use of a caterer or commercial food service is expensive and unsatisfactory.

It is advisable to limit each service project within reasonable distances from the kitchen. No more than an hour and a half should be required to complete deliveries on any route. Ten stops is the desirable number per route. However, when there is more than one person served per stop, this can result in more than ten individuals being served on a route.

Decentralization of service avoids a waiting list. A second kitchen may be opened in a neighborhood providing the service, which has not been covered.

COMMITTEE STRUCTURE

The basic structure for a Meals on Wheels Program is the same for any size project.

The Steering Committee is composed of volunteers responsible for the entire operation. Each member has a specific job to perform. The Committee meets regularly to evaluate the program, discuss problems, and lay future plans. The Steering Committee is comprised of the following individuals:

Project Chairman:

(*a*) Is responsible for the over-all operations.
(*b*) Keeps in constant touch with the various chairmen of the project.
(*c*) Keeps the records on the clients—in the absence of a Central Intake Coordinator.
(*d*) Schedules the Chairman of the Day.
(*e*) Alerts volunteers and cooks to any emergency cancelling service; and contacts radio and TV stations to broadcast spots concerning emergency.
(*f*) Presides at Steering Committee meetings.
(*g*) Arranges for annual audit of financial records.

Vice Chairman:

(*a*) Substitutes for the Project Chairman when necessary.
(*b*) Stays available for emergencies.
(*c*) Serves as over-all Chairman of Volunteers.

Treasurer:

(*a*) Is responsible for complete fiscal operation.
(*b*) Maintains detailed financial records.
(*c*) Reports at committee meetings.

Secretary:

(*a*) Records the minutes of the meetings.
(*b*) Handles correspondence.
(*c*) Mails notices for meetings.
(*d*) Sends letters of welcome to new volunteers.
(*e*) Keeps list of volunteers up to date.

Chairman of drivers and friendly visitors:

(*a*) Sets up schedule for daily teams.
(*b*) Obtains substitutes.
(*c*) Stays available for emergency situations.
(*d*) Works closely with Project Vice-Chairman.

Chairman of Packagers:

Same duties as chairman of drivers and friendly visitors.

Chairman of paper suppliers:

(*a*) Purchases and maintains running inventory of paper supplies.
(*b*) Checks supplies regularly.
(*c*) Spot checks supplies for quality.
(*d*) Researches for new products and lower costs.

Chairman of food supplies:

Same duties as Chairman of Paper Supplies, but pertaining to food and related materials.

Chairman of publicity:

(*a*) Contacts newspapers, radio, and television.

(*b*) Plans for feature newspaper article, radio and TV spots on the opening of the project.

(*c*) Assist Project Chairman in contacting radio and TV in an emergency situation.

Publicity must be controlled, and used only when new clients can be accepted, to avoid enrolling more clients than project is able to serve.

Chairman of the day:

Each member of the Steering Committee serves once a week as Chairman of the Day. This person substitutes in any emergency—assists in the kitchen and/or goes on route. She is responsible for the loading of cars and giving special instructions to the teams. This has particular significance for the Monday Chairman, as the client's fees are collected by the volunteers on Monday for the coming week. Receipts are given to clients upon payment. The monies are turned over to Treasurer after the Project Chairman has recorded the payments in her books. The Chairman of the Day reports to the Project Chairman any unusual occurrences involving either clients or volunteers.

The Chairman of the Day stays on duty in the kitchen until all the routes have returned.

The Steering Committee should be organized as soon as the decision has been reached to have a Meals on Wheels program.

Coordinating Committee:

No Meals on Wheels program can operate effectively without the services of a Coordinating Committee. This committee is composed of the following:

Health and Welfare Representatives.
Public Health Nursuing Service.
Instructive Visiting Nurses Association.
State Dietetic Association.
Home Economics Association.
State Nutritionist.
City Nutritionist.
Chairman and Vice-Chairman of each participating Meals on Wheels Project.
Coordinator for the total project.

Consultants and Specialist may be asked to attend meetings for guidance to the Committee.

The Coordinating Committee serves in an advisory capacity. It adopts policies and procedures for the whole program. For example: the Committee sets the fees for the clients; develops and reviews menus at regular intervals; and surveys the needs for additional kitchens and volunteers. It does not become involved with the detailed mechanics or fiscal responsibility of the individual projects. By-laws should be adopted to serve as guide lines. The Coordinating Committee should meet at least four times a year.

VOLUNTEERS—TRAINING AND RECRUITMENT

Every volunteer must receive training before working on Meals on Wheels. The strength and effectiveness of the program depends on the quality of the volunteers' performance. Both men and women may serve. They should be:

In good physical condition
Dependable
Prompt
Cheerful
Cooperative
Observant
Tactful
Able to follow instructions
Considerate of clients and fellow workers.

A volunteer may work more than one day a week and in more than one classification. Two Packagers are used each day—9:30 until 11:30—in each kitchen.

They should have dexterity and speed in order to operate a production line. A Driver and a Friendly Visitor together deliver the meals on each route between the hours of 11:30 and 1:00. A route should ALWAYS have two persons working it. Every job must be backed with a substitute. For a five day delivery schedule, ten Packagers with at least five substitutes are necessary per kitchen; five Drivers and five Friendly Visitors with ten substitutes are essential for each route.

An "Eskimo Squad" should be organized to serve in inclement weather. This group is called upon in emergencies. They should have no fear of driving in snow, ice or heavy rains.

Recruitment of volunteers:

1. Contact and involve civic, philanthropic, and religious organizations. Speak enthusiastically with the expectation of enlisting a sufficient number for a route.
2. Use newspaper publicity.
3. Arrange for TV and radio announcements.
4. Encourage word of mouth discussions about Meals on Wheels at social gatherings.
5. Urge volunteers to interest their friends.

Note: Teachers, students, and senior scouts may be available during vacation periods. Retired men and women usually rate highly in dependability—men as drivers and women as drivers and packagers.

Group training:

Hold a training rally for all volunteers (with friends invited) two or three weeks before meal deliveries are to begin. Arrange for samples of food packaging to be on display.

Suggested program for rally:

Part I

Project Chairman presides:

Welcomes volunteers and gives explanation of Meals on Wheels.
Introduces the following speakers:
Representative from the Commission on Aging.
Representative from Health Department—food handling.
Instructive visiting nurse director or social worker—the attitude and approach of volunteer to client.
Nutritionist—food values and menu planning.

Part II

Divide volunteers into two groups—packagers and route workers—in order to receive specialized training. The training can be given by the chairman of each particular group. At the close of the meeting, schedules are established for the routes and the kitchen.

It is advisable to give refresher course annually.

On-the-job training:

Volunteers enrolling after the training rally should receive guidance from the Chairman of Packagers or Chairman of Drivers and Friendly Visitors. A volunteer for a route position should ride the route and receive detailed instruction from experienced volunteers before qualifying as a regular worker.

A letter of welcome with an enclosure of "Helpful Hints to Volunteers" should be mailed by the Secretary to every new worker.

Helpful hints to volunteers:

Be prompt. You are working on a tight schedule. Hot meals must be hot and cold meals must be cold when delivered!

Do not wear slacks (except in snowy weather) or shorts either in the kitchen or on routes.

Do not wear excessive jewelry or hats.

Wear comfortable and sensible shoes.

If you are unable to serve, call your chairman either the evening before or as early as possible in the morning.

Whenever you know you will be unavailable for your assignment, notify your Chairman as far in advance as possible.

Helpful hints to packagers

Packagers work under the supervision of the Chairman of the Day, from 9:30 until 11:30 a.m. An assembly line system is used.

1. Wear a hair net.[1]
2. Wash hands before starting work.[1]
3. Wear apron.
4. Do not smoke during preparation of food.[1]
5. Be efficient and unobtrusive.
6. Take personal pride and interest in your work.

Note: When opportunity allows, it is helpful to have Packagers ride the route to meet clients, notifying Chairman in advance.

Helpful hints to drivers and friendly visitors

Working period is from 11:30 a.m. until 1:30 p.m.

1. Keep a map of the city in your car and always have a full tank of gasoline.
2. Arrive at least five minutes early and drive car to loading area. Announce your arrival to the kitchen.
3. Make certain emergency phone number is shown on either route sheet or clip board.
4. Do not tilt the insulated cases or hot plates. Keep them level at all times.
5. Carry all food containers on back seat of car—*never in trunk!*
6. Handle soup cups with care.
7. Do not remove hot food plate from case until ready for delivery.
8. Always use the Meals on Wheels signs in the car windows. This allows parking in otherwise restricted zones and incidentally is good publicity.
9. Driver may accompany Friendly Visitor to call on client. Be sure car is locked when left unattended.
10. Take magazines and flowers (from your garden) to the client when possible. Do not give any other gifts to clients—even if requested.
11. Be cheerful and friendly. Do not rush visit.
12. Do not give any advice or information to clients. Report requests to Chairman who will make the follow-up.
13. Friendly Visitors collect weekly fees from clients every Monday. Each client must be given a dated receipt, upon payment. (It is advisable to adopt a policy for clients who are unable to pay or become delinquent.)
14. Write client's comments and Friendly Visitor's observations on route sheet, dated and signed by the volunteer in each instance.
15. Report any physical or mental change of client to Project Chairman.
16. Return all equipment to kitchen immediately after completion of deliveries.
17. Handle all equipment with care. It is expensive!

Clients enjoy special attention on holidays. Appropriate paper napkins can be used. Holidays can be recognized by including in the supper bag such trifles as a flag for the Fourth of July, a valentine on the fourteenth of February, a small Christmas tree, etc.

A client's birthday may be observed by having the route team sing "Happy Birthday" and presenting a lighted candle on a cup cake.

GUIDE FOR INTAKE SERVICE

I. Each Meals on Wheels client should be on record with an existing health agency responsible for home care. The Coordinator should consult regularly with the agency responsible for home care in the community, usually the Health Department or Welfare Agency:

1. To determine criteria for client acceptance, flexible enough to meet the needs of the area, such as:
   - (*a*) Age
   - (*b*) Handicap
   - (*c*) Hospital convalescence
   - (*d*) Inability to go out to purchase food
   - (*e*) No regular help available

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[1] Note: Health Department regulations.

2. To arrange for applicants to be screened at a central location, possibly by one of the agencies with a responsible person designated for the purpose. Each applicant should be considered on an individual basis. Clients that cancel may need service again; therefore records should be kept for several years.

II. An accepted applicant should be informed as follows by the person who did the screening:

1. Hours for meal service (11:30 a.m. to 1:00 p.m.).
2. Service days (Monday through Friday).
3. Cost for Service.
4. Arrangements for payment.
5. Food needs for breakfast and week-end (to be provided by client).
6. What to do during weather emergency. (Emergency food—see Appendix E.)
7. Types of meals to expect and limitations of the service, particularly regarding individual preferences and special diets.
8. Urge clients to be checked regularly by physician.

III. Other responsibilities of the Intake Service are:

A. Route planning

1. Obtain detailed map of area to be served (Arrow Street Guide).

2. Plan each route for a delivery time of not more than 1½ hours to insure hot meals being served hot.

3. Assign number of clients per route in accord with distance between clients—congested row house area—10 clients, single homes, suburban area—7 to 8 clients.

4. If apartment building, note floor and number of apartment.

5. Make no changes without consulting person who screens clients and Project Chairman.

6. When screening clients, determine, in addition to address, main street closest to the address; if one-way, which direction.

7. Type on route sheets, in addition to names and addresses of clients, phone number of the kitchen and the phone number of person responsible for screening clients and planning routes.

For Example: Call kitchen in the event of flat tire or uncertain of how to reach an address. Call screening person in the event of client emergency.

B. Referral service

Frequently, it is a question of time before the needs of the client go beyond Meals on Wheels service; therefore it is wise to become acquainted with and prepared to call on other existing community resources, such as homemaker service, nursing home facilities, or domestic services.

C. Home visiting

If applicants are screened by telephone there may be doubt as to need; therefore home visits by Coordinator should be made periodically. Volunteers should report any physical or mental change in clients to Project Chairman who, in turn, confers with Coordinator. Home visits can be planned by Coordinator after reviewing all clients records at the project kitchens with the Chairman, timed to coincide with the return of volunteers on routes to benefit from their observations.

A copy of the report of each home visit should be attached to the client's record and a copy sent to Project Chairman.

(See Appendix for copies of appropriate forms.)

JOB DESCRIPTION AND QUALIFICATIONS FOR COORDINATOR OF CENTRAL INTAKE SERVICE RESPONSIBILITY

1. Cooperates with the Project Chairman and the Chairman of the Coordinating Committee Meals on Wheels, in planning the activities involved in the Central Intake Service and promoting the service in the Community.

2. Is responsible for accepting and screening applicants in accordance with criteria established by the Coordinating Committee.

3. Maintains regular and adequate communications with the chairman of each participating project relative to route assignments, cancellations and changes.

4. Maintains a folder on each recipient of home delivered meals, incorporating detailed information that might be applicable to providing a meaningful service.

5. Attends each meeting of the Coordinating Committee and submits a current report of the on-going activities.

6. Assists volunteers in evaluating complaints and is responsible for referrals to the appropriate person or agencies who can assist in resolving problems.

7. Establishes a planned schedule of home visiting to determine need for meal service to evaluate the need for supplementary services that might be appropriate and make necessary referrals.

8. Supervises Central Intake Service secretarial work.

9. Cooperates with the Coordinating Committee in planning continuing training program for volunteers providing meal service.

10. Maintains statistical records of service.

11. Visits project kitchens to discuss the needs of each.

12. Records requests for service according to geographic location to aid in future planning of kitchens.

QUALIFICATIONS

1. Professional training in public health nursing, medical social work or foods and nutrition.

2. General knowledge of community health organizations, resources, current social and economic problems.

3. Some knowledge of the needs of older people and methods of working with them.

4. Ability to maintain cooperative relationships with associates and the community.

5. Pleasing personality and neat appearance.

6. Tact and sense of humor.

KITCHEN REQUIREMENTS

A kitchen suitable for a Meals on Wheels project is one large enough for necessary operations and with adequate storage space for size of project, suitably equipped and free from conflicting activities during hours when food must be prepared, packaged, and dispatched. The physical arrangement of windows, door, and plumbing must allow efficient working areas. The most likely prospects for Meals on Wheels are those already established in churches. It will save time and effort and facilitate to take food control people from the local public health department along on initial visits for selection of kitchen. At this time, any necessary relocation or replacement of equipment and remodeling for efficient operation to meet standards of safety and sanitation can be discussed jointly with the kitchen owners.

Thought might be given to purchasing food from a hospital or an extended care facility, then packaging and dispatching from an adjoining area. This would require less equipment than the standard kitchen. Equipment would be needed to keep hot food and cold food cold. Work space should be available for separate hot and cold food assembly lines, as well as storage space for packaging supplies; insulated metal or styrofoam chest for transporting hot food; boxes for carrying cold food; and small baskets to make deliveries.

One advantage in purchase of food from an institution (with qualified dietetic supervision) is the availability of special diets. (See page 19 entitled "Special or Modified Diets").

KITCHEN EQUIPMENT

A kitchen which would lend itself to Meals on Wheels and meet health department requirements would include the following large equipment:

1. Range. Approved hood vented to outside air.
2. Approved refrigeration for perishables, including freezer space.
3. Approved preparation table.
4. Three-compartment sink with integral drain boards to wash, rinse, and sanitize utensils.
5. Separate hand washing facilities in the food preparation area.
6. Easily cleanable walls, floors, and ceiling.
7. Adequate storage area, conveniently located.

Approved commercial type equipment is preferred for large scale operations However, some household type equipment in good working order, such as ranges and large refrigerators, can sometimes be used in smaller operations. This is of course, subject to health department approval, as is location of equipment. The aim is to arrange equipment conveniently and safely for efficient oepration One rule to be observed is that of allowing a minimum of 36 inches between the range and preparation surfaces.

Adequate wiring with convenient electrical outlets is necessary; fire departments must be checked and complied with.

Pots, pans, cutlery and cooking spoons and forks should be of an easily cleaned material such as stainless steel or alumnium; of a weight that will stand up under heavy usage; and preferably of standard institutional sizes. However, if a family-size stove or refrigerator is used care must be taken that utensils will fit on or into them.

DEVELOPMENT OF MENUS

In developing any menus, nutritional needs of the clients are met and consideration is given to cultural and regional preferences, availability of food, attractive appearance, flavor combinations, variety of texture and color, and cost. Probable physical limitations of the clients should be remembered. Cycle menus at moderate cost and market orders for the same are listed in Appendix F and G.

The two meals should furnish two-thirds of the daily allowances of essential nutrients suggested by the Food and Nutrition Board of the National Research Council, 1968.

Menus should be checked against the following daily food pattern. Amounts are expressed in ready-to-serve food, e.g. 4 oz. cooked, boneless, lean meat, poultry, fish, or their equivalent in cheese or eggs. If the main dish is a casserole, at least two ounces of one or a combination of the above protein-rich foods should be included.

Daily Food Pattern: This pattern menu should be used as a guide.

Food	Amount for ⅔ daily needs	Noon	Supper
Meat, poultry, fish, cheese, eggs	4 oz. (daily)	2 oz.	2 oz.
Milk	½ pt. daily	½ pt.	
Vegetable and fruit (total as follows)	1½ cups total daily		
Dark green or deep yellow vegetable	½ cup at least 3 times a week		
Citrus fruit or citrus juice (or equivalent)[1]	½ cup daily		½ cup.
Other fruit or vegetable	½ cup daily	½ cup (additional ½ cup when green or yellow vegetable not used).	
Bread	4 slices	2 slices	2 slices.
Margarine or butter	1 tbsp	½ tbsp	½ tbsp.

[1] One-half grapefruit; 1 medium orange; ½ cantaloupe; ½ cup strawberries; 1 cup tomato juice.

Note: Other foods may be included to round out meals and to satisfy individual appetites and provide additional calories. It is assumed that breakfast and weekend foods will be procured from another source. It may be necessary to give guidance as to what a simple, adequate breakfast is or what simple adequate weekend food is, and how it can be acquired.

SPECIAL OR MODIFIED DIETS

Meals on Wheels are not equipped and staffed to prepare special diets. It is not possible to prepare diets for individuals whose sodium intake is restricted. For mild diabetes, at the physician's request, sugar is omitted from the food packages, as are drinks, cookies, and all foods to which sugar has been added. Fresh fruits or fruits canned without sugar are substituted for desserts sweetened with sugar.

If food for Meals on Wheels can be purchased at a local hospital which has a professional dietitian to supervise food service, special diet requests from the physicians may be met.

Any request for special or modified normal diet (as mild diabetic) must be made in written form. (See Appendix D).

If special or modified diet is served, it should be put into a bag of different color, with the name of the client written on it. The name of the client should also be written on the lid of the container of hot foods.

PURCHASE AND PREPARATION OF FOOD

Experience in group feeding has shown the desirability of planning and following cycle menus. These may be done seasonally and permit repetition infrequently from the point of view of the client; yet through repetition the kitchen can benefit from previous experience. Buying plan used at first run of cycle can be reused when it comes around again. This saves time and effort. It is well to consult a dietitian or nutritionist if major changes in the menus are necessary. (See Appendix F).

When a change in a day's menu is necessary, the responsibility rests with the Project Chairman.

Advice and guidance may be secured from such local resource people as nutritionists, dietitians working in hospitals, dietary consultants, Home Economists in Extension Service, gas and electric companies, dairy councils, and in the schools.

The Chairman of Food Supplies should check menus and buy food in such quantity as can be conveniently stored and used within a time that assures retention of quality. Frequent communications with the cook will avoid the accumulation of excess food. In large operations it is desirable to purchase from wholesale houses; in small projects buy in whole or part from retail sources. It is important to buy the quality suited to the purpose and to the funds available. Another factor to be considered is ease of service. For example, even though it may cost more, a boned, rolled roast is more quickly and uniformly sliced than one with bone in.

EMERGENCY FOOD LIST

An emergency food list should be distributed to clients for use during emergencies which prevent the delivery of meals. (See Appendix E.)

FOOD HANDLING

Proof of negative findings on chest x-rays are desirable for the main food handler or cook, and, indeed, are required by most health departments. Volunteers who work with food should observe good personal hygiene. Some city and state health departments offer training for food handlers. Such training should be given periodically. Additional resources for training are: state and city Dietetic Associations, community colleges, and adult educational programs.

QUALIFICATIONS OF THE COOK

The cook is the only paid kitchen employee. She is engaged by the Steering Committee and works under the sole direction of the Project Chairman. She must abide by standards set by the Health Department and nutritional advisers. All clients receive the same menus, except those who receive special or modified diets (See page 19). Meals on Wheels cannot cater to individual preferences. The cook must not alter menus without the Project Chairman's consent.

Qualifications for the cook include:

a. Ability to work with volunteers.
b. Understanding of Meals on Wheels program.
c. Willingness to follow orders.
d. Cleanliness.
e. Dependability.

PACKAGING

Foods are distributed in disposable-type packages for convenience and conformity to health department standards. A compartmented type aluminum plate with crimped-on lid, sturdy plastic cups and bowls with fitted covers have been found satisfactory. Milk is bought and served in ½ pt. cartons. Hot foods should be served, sealed, and dispatched immediately or kept in an oven until the last moment before dispatching. Hot plates and soup are put into insulated metal or styrofoam chests to keep hot during transit, since an hour or more may elapse before their delivery to the client. Foods which need refrigeration are put into styrofoam chests or baskets with a flat, plastic, fluid-filled container which can be frozen and refrozen. (This may be purchased at any store that sells picnic supplies. See Appendix I). Foods which do not require high or low temperatures to preserve them, such as prepackaged tea, instant coffee, cream, instant cocoa, jelly, sugar, bread, cake or bulk cookies may be packaged in sandwich bags. Small baskets are used to make deliveries to the individual client.

It is suggested that disposable supplies be researched constantly for quality and cost. (See Appendix I.)

STORAGE OF PACKAGING MATERIALS

Storage should be at least 10 inches off the floor to facilitate cleaning and prevent infestation. Metal erector type shelving is preferable. It is desirable to purchase and store no more than three weeks' supply of packaging material at a time. (This is less than the time required for insect incubation or mouse gestation.) Merchandise should be rotated on a "first in-first out" basis.

FINANCIAL INFORMATION

The figures shown on these statements are based on established costs for 25 clients, five days a week service.

I. Capital investment

Initial costs will vary, depending on the equipment already available in the kitchen. The following estimated figures are for a kitchen requiring complete equipment.

Range:	
36 inches, 6 burner, gas	$520
36 inches, 6–10-inch hot plate, SS front	870
Vent	1,000
Fire protection hood	500
Freezer, 20 cubic feet	1,000
Refrigerator, 45 cubic feet	1,650
Work table, 6 feet x 30 inches, SS with casters	500
3 compartment sink, SS, with 2 drainboards (24 inches x 24 inches)	425
Handwash sink:	
SS	85
Porcelain	25
Storage shelves:	
Metal 5 feet	161
Metal 6 feet	175
Institutional can opener	25
Pots and pans	200
Small utensils	75
Insulated containers[1] (each)	4
Carrying baskets[1] (each)	3
Car signs[1] (each)	4
Paper products	150
Food (initial inventory)	250
Cook's salary (per week)	50

II. Operating expense items

Food products.
Paper products.
Towels and apron rental.
Rent and utilities.
Telephone.
Salary and Social Security for cook.
Salary for substitute cook.
Insurance for volunteers and clients (protection against food poisoning).
Petty cash.

Costs per client:	
Food	$1.00
Paper products	.15
Overhead	.60
Total (per day per client)	1.75
Cost per week per client	8.75

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[1] 2 required for each route.

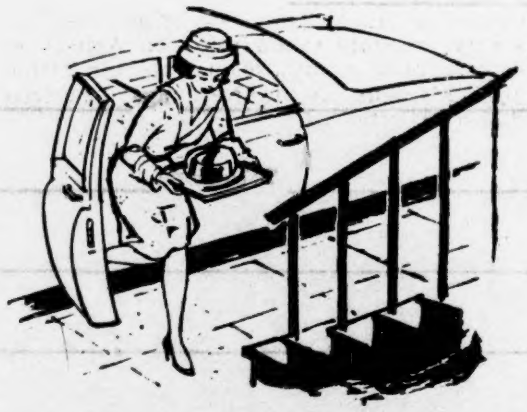
NOTE.—Allowance to equip kitchen, $5,500 to $7,500. Prices as of March 1970.

III. Income

A client pays $2 a day or $10 per week. For new projects, it is recommended that the fee set be sufficient to meet rising costs. A project serving 40 or more clients a day should break even on cost.

IV. Ways and means

If financial subsidies are needed, they can be sought from sponsoring agencies; grants from Federal funds (such as City or State Commission on Aging) or private foundations; gifts from individuals, civic groups, memorials, etc. Often churches will provide, rent-free, equipped kitchens. As an alternative, prepared food can be purchased from established hospital kitchens.



MEALS ON WHEELS

CALL

727-6089

OR WRITE

509 PARK AVE., BALTO., MD. 21201

Cards printed with phone number and address of Intake Service for each client in case of emergency.

SERVICE KITCHEN__________

APPLICATION FOR MEALS ON WHEELS SERVICE

Name of Client______________________________ Age________

Address______________________________ Telephone________

Source of Referral______________________________

Represented by______________________________

Approximate time service required______________________________

Reasons for service______________________________

Name of relative or friend____________________ Telephone________

Physician's name____________________ Telephone________

Referred to other Agency______________________________

____

Home visit______________________________

____

Date Received______________ Can Pay__________

Date Service Began______________ Diet__________

Service Canceled______________

Reopened______________

MEALS ON WHEELS

Route Sheet

DRIVERS - PLEASE RETURN TO KITCHEN IMMEDIATELY AFTER COMPLETING ROUTE - THANKS

Kitchen________________

Route No.______ **Week of**____________________

In event of emergency in the home call 727-6089; if busy, have Operator break in on line.

Name	**Address**	**Remarks**

CLIENT'S NAME____________________

ADDRESS____________________

DIAGNOSIS____________________

MEMORANDUM TO: COORDINATOR, MEALS ON WHEELS

Central Intake Service
509 Park Avenue
Baltimore, Maryland 21201

FROM: ____________________ M. D.

____

I am aware that the person named above is receiving home delivered meals as supplied by the Meals on Wheels projects in the Baltimore Metropolitan area. This recipient is a patient of mine and is under my medical care.

I have given this patient some instruction as to the choice of foods that meet his needs. He (or she) understands and I feel that his (or her) needs can be met by foods served by the Meals on Wheels projects. I am aware that therapeutic diets are really not possible in this kind of food service. However, I believe my patient will benefit by receiving your service, with the simple modifications available.

(signed)____________________

DATE____________________

VOLUNTEERS:

1. Please distribute the emergency food list to all clients and explain to them why it is necessary.
2. Have client, or a relative, purchase the foods, place them on a shelf for emergency use.
3. If client totally unable to purchase or have someone purchase the items, give name to Chairman of the Day to give to Project Chairman.
4. Check back to be sure client has done this; if necessary ask to see where stored, to be sure.
5. Each Kitchen is responsible for seeing that this is done; only if absolutely necessary, purchase for client.
6. New applicants to Meals on Wheels will understand that securing these foods is one of the requirements.

EMERGENCY FOOD LIST

CLIENTS:

BE PREPARED TO FEED YOURSELF FOR SEVERAL DAYS IF STREETS AND ROADS ARE BLOCKED.

KEEP SOME OF THE FOLLOWING ON HAND AND USE THEM IF AN EMERGENCY ARISES

Canned citrus or tomato juice or dried juice such as TANG

Whole or skimmed dried milk or evaporated milk

Canned or dried soups

Canned meat or fish

Instant cereal or ready to eat cereal

Canned vegetables such as tomatoes, peas, corn

Dried fruits, such as prunes, figs, dates

Peanut butter

Crackers, jam, jelly or marmalade

Instant coffee, tea, chocolate or cocoa (such as Quik)

MEALS ON WHEELS CYCLE MENUS - SET I

Week 1

HOT MEAL	COLD MEAL
Monday	
Split pea soup Individual beef loaves with tomato sauce Baked potato - 1/2 Wilted spinach salad Peach crisp - recipe attached - see Appendix J	Minced ham on white bread sandwich Grapefruit sections Chocolate-peanut butter pudding
Tuesday	
Cream of tomato soup Hamburger steak Parsley potatoes Julienne carrots Peach halves - (2)	Grape juice Cold meat loaf sandwich - mustard Bread and butter pickles Orange segments in gelatin - to ping
Wednesday	
Cream of mushroom soup Macaroni and Cheese Harvard beets Buttered green beans Applesauce with cinnamon & brown sugar topping	Pineapple-grapefruit juice Bologna with mayonnaise and lettuce (on rye) Whole orange Raisin bun
Thursday	
Beef bouillon with rice Roast turkey Candied sweet potatoes Green peas Pumpkin pie	Apple juice Sliced corned beef and swiss cheese on whole wheat Tomato salad with mayonnaise Cake
Friday	
Homemade turkey soup Tune noodle casserole Broccoli Spiced apple rings Macaroon cookies	tomato juice Cream cheese on raisin bread Vanilla pudding with strawberry sauce

Daily

- Saltine or other individual crackers
- One individual jelly
- One slice enriched bread
- One slice rye, whole wheat, raisin, or whole grain bread
- Packets of instant coffee, sugar, cream, tea bag, cocoa
- One carton of milk - ½ pint

MEALS ON WHEELS CYCLE MENUS - I

Week 2

	HOT MEAL	COLD MEAL
Monday	Tomato soup Crispy oven-fried chicken Fluffy rice Buttered asparagus Butterscotch pudding with coconut flakes	Grapefruit juice Peanut butter and jelly on white bread sandwich Carrot and raisin salas
Tuesday	New England clam chowder Pot roast of beef Pot browned potatoes Buttered carrots Baked apple - whipped topping	V-8 juice cocktail Chicken salad on soft roll Handful of raisins Glazed donut
Wednesday	Cream of asparagus soup Baked ham Whole kernel corn Broiled tomato halves Orange-iced cake square	Combination fruit punch Sliced cold beef - mustard - lettuce Banana
Thursday	Homemade vegetable beef soup Curried chicken livers over buttered noodles Green beans Whole cranberry sauce Tri-fruit gelatin (apple, banana, pineapple)	Tuna salad-egg sandwich Orange and cucumbers, sliced and peeled, on lettuce with French dressing Cake
Friday	Madrilene Oven-fried scallops (or flounder) with tartar sauce Parsley potatoes Creamed spinach Deep dish peach pudding	Ambrosia - orange, banana, coconut Cottage cheese with minced green pepper and crushed pineapple on wheat sandwich. Sweet roll

Daily

Saltine or other individual
One individual jelly
One slice rye, whole wheat, raisin,or whole grain bread
One slice enriched white bread
Packets of instant coffee, sugar, cream, tea bag, cocoa
One carton of milk - ½ pint

MEALS ON WHEELS CYCLE MENUS - I

Week 3

HOT MEAL	COLD MEAL
Monday Chicken bouillon Swedish meat balls Buttered noodles Chopped asparagus Cherry bubble - receipe attached - See Appendix J	Cream cheese-chopped onion-bacon bits on white bread Whole orange Sweet roll
Tuesday Cream of celery soup Baked Virginia ham Candied sweet potatoes with orange slices Green beans Bread pudding	Tomato juice Liverwurst - mustard - lettuce on rye bread sandwich Cottage cheese-pineapple salad Vanilla wafers
Wednesday Navy bean soup Braised chicken leg Augratin potatoes Buttered broccoli Apple wonder cobbler* * Receipe attached - See Appendix J	Orange-grapefruit juice Bologna-cheese-mayonnaise on white bread sandwich Sweet pickle chips Chocolate pudding
Thursday Barley broth Individual ham loaf with raisin sauce Kale Baked potato - 1/2 Lemon meringue tart	Fruit punch Flaked tuna fish-pickle relish mayonnaise on rye bread sandwich Sliced tomato & Lettuce Brownie
Friday Chicken noodle soup Baked halibut - lemon wedge Curried rice Baked tomatoes Tapioca-cherry sauce	Orange juice Chicken salad on sesame roll Canned apricots

Daily
- Saltine or other individual cracker
- One individual jelly
- One slice rye, whole wheat, raisin, or whole grain bread
- One slice enriched white bread
- Packets of instant coffee, sugar, cream, tea bag, cocoa
- One carton of milk - 1/2 pint

MEALS ON WHEELS CYCLE MENUS - I

Week 4

	HOT MEAL	COLD MEAL
Monday	Cream of corn and tomato soup Ground pork pattie Buttered noodles Hot buttered cinnamon apples Gingerbread - lemon sauce topping	Swiss cheese on rye bread with mustard - mayonnaise Lettuce wedge with French dressing Vanilla pudding - Mandarin orange garnish
Tuesday	Cream of celery soup Roast turkey - giblet gravy Buttered peas Cranberry sauce Raisin-rice pudding	Pineapple-grapefruit juice Hard cooked egg-pickle relish-grated cheese-mayonnaise on whole wheat Banana and apple slices in gelatin-dessert topping
Wednesday	Beef broth - beef noodle soup Individual meat loaf Whipped potatoes Buttered spinach Chocolate frosted brownie	Orange-pear-prune-cottage cheese salad Bologna sandwich Bread & butter pickles Cookies
Thursday	Cream of vegetable soup Turkey tetrazzini Baked julienne carrots Broccoli spears Apple pan dowdy - receipe attached- See Appendix J	Grapes Cold meat loaf sandwich-mustard-lettuce on soft roll Louisiana ring or cake
Friday	New England clam chowder Creamed fish flake or creamed tune Steamed rice Buttered, mixed vegetables Gelatin - dessert topping	Whole orange Pimento cheese and lettuce sandwich on whole wheat Sticky bun

Daily

- Saltine or other individual crackers
- One individual jelly
- One slice rye, whole wheat, raisin, or whole grain bread
- One slice enriched white bread
- Packets of instant coffee, sugar, cream, tea bag, cocoa
- One carton of milk - ½ pint

MEALS ON WHEELS CYCLE MENUS - I

Week 5

HOT MEAL	COLD MEAL
Monday	
French onion soup Veal stew with vegetables Corn bread Buttered broccoli Tapioca pudding with sliced peaches	Orange juice American cheese-lucheon loaf sandwich- mustard Waldorf salad Cookies
Tuesday	
Cream of tomato soup Baked chicken quarters Whipped potatoes, buttered Glazed carrots Yellow cake with fruit sauce	Grape juice Peanut butter and jelly sandwich Coleslaw with pineapple chunks
Wednesday	
Madrilene Beef pattie - corn relish Scalloped potatoes Green peas Baked apple	Grapefruit juice Tunasalad with lettuce on rye bread Fresh pear or 2 canned halves
Thursday	
Cream of spinach soup Creamed chicken Steamed rice Chopped asparagus Canned apricot halves with nutty cream cheese balls	Whole orange 2 oz. braunsweiger on soft roll with lettuce and mustard Butterscotch pudding
Friday	
Vegetable soup Broiled fish filet - tartar sauce Baked potato - ½ Tomato wedges Lemon pudding	V-8 juice cocktail Sliced egg and lettuce sandwich on whole wheat Bread and butter pickles Cake

MEALS ON WHEELS CYCLE MENUS - I

Week 6

	HOT MEAL	COLD MEAL
Monday	Cream of corn soup Lamb pattie Creole rice Green beans Canned bartlett pear halves	Pineapple - grapefruit juice Peanut butter & apple butter sandwich on white bread Gingerbread
Tuesday	Madrilene Roast chicken - light & dark meat Whipped potatoes - gravy Buttered broccoli Orange streusel cake	Tomato juice Chopped chicken liver, bacon-salad dressing on white bread Sweet roll
Wednesday	Tomato soup Virginia bake ham Baked yams Green peas Chocolate blancmange	Grapefruit sections Cream cheese on raisin bread Slicedegg and tomato salad Cookies
Thursday	Cream of mushroom soup Chicken and noodles (with leftover peas) Kale Whole cranberry sauce Apple brown betty	Ham salad on rye bread Shredded cabbage with pineapple tidbits and salad dressing 2 yellow peach halves
Friday	Vegetable beef soup Macaroni and cheese Buttered squash Scalloped tomatoes Peanut butter brownie	Carrot and raisin salad Tuna salad and crisp lettuce on whole wheat bread Angel cake

Daily

Saltine or other individual cracker
One individual jelly
On slice enriched bread
One slice rye, whole wheat, raisin, or whole grain bread
Packets of instant coffee, sugar, cream, tea bag, cocoa
One carton of milk - $\frac{1}{2}$ pint

MEALS ON WHEELS CYCLE MENUS - I

Week 7

	HOT MEAL	COLD MEAL
Monday	Tomato with rice soup Hamburger patties Potatoes augratin Buttered peas Coconut iced sheet cake	Grapefruit sections Peanut butter with raisins on white bread Midget marshmallows in lime gelatin
Tuesday	Cream of spinach soup Roast pork Browned potatoes Carrots Tapioca pudding	Orange juice Sardines, minced with butter, catsup, lemon juice on rye bread Cake
Wednesday	Vegetable soup Pot roast Whipped potatoes Broccoli Custard pudding	Grapefruit juice Chopped ham and egg with mayonnaise on soft roll Cole slaw with pineapple tidbits Cookies
Thursday	Beef bouillon Pork and noodle casserole * Lima beans Broiled peach halves Brownie	Tomato juice 2 slices American cheese with mustard on white bread Banana
Friday	Clam chowder Broiled fish fillets with sauce * Spinach Hot muffin Combination fruit mold - topping (banana-orange-grapefruit-apple)	Whole Orange Cottage chees & chopped prunes on whole wheat Doughnut *Fish can be haddock, halibut, flounder or whatever boneless white fish is best buy

* Specify at least 2 oz. pork in casserole

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched white bread
One slice rye, whole wheat, raisin, or whole grain bread
Packets of instant coffee, sugar, cream, tea bag, cocoa
One carton of milk - ½ pint

MEALS ON WHEELS CYCLE MENUS - I
Week 8

	HOT MEAL	COLD MEAL
Monday	Cream of celery soup *Beef Stew with vegetables Cornbread Peas **Sliced bananas in cherry gelatin	V-8 juice 2 slices bologna on rye andwich Cinnamon bun * At least 2 o . cooked beef per serving **½banana per serving of gelatin
Tuesday	Green pea soup Pan baked chicken (using fryers) Fluffy rice Stewed tomatoes Peach half filled with whole cranberry sauce	Grapefruit sections Egg salad with lettuce on soft roll Butterscotch pudding
Wednesday	Cream of tomato soup Salsibury steak Mashed potatoes Buttered broccoli with cheese sauce Baked apple	Fruit salad with mayonnaise (orange and grapefruit sections, diced apples on chopped lettuce Braunsweiger with mustard on rye Cookies
Thursday	Potaot soup Lamb pattie Buttered corn Buttered green beans Rice custard pudding	Orange juice Cheddar cheese psread on white bread Pickle chips Brownie
Friday	Cream of mushroom soup Baked flounder Scalloped potatoes Broiled tomatoes Yellow cake square with frozen strawberries and whipped topping	Pineapple-grapefruit juice Tuna salad with pickle relish on whole wheat Cinnamon apple sauce
Daily	Saltine or other individual crackers One individual jelly One slice rye, whole wheat, raisin, or whole grain bread One slice enriched bread Packets of instant coffee, sugar, cream, tea bag, cocoa One carton of milk - ½ pint	

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

WEEK I

Day	Meats	Specifications	Quantity to purchase for 25				
				Size of Portion			
	Item		Unit of Purchase	As Purchased*	Edible Cooked Yield **	Portion per Purchasing Unit	Purchasing Units For 25
MONDAY	Ground beef	Regular	Pound	2.8 oz.	2.0 oz.	6	4-1/4
Minced	Minced ham	Packaged luncheon or canned	Pound	2.0 oz.	2.0 oz.	8	3-1/4
TUESDAY	Ground beef	Lean	Pound	2.7 oz.	2.0 oz.	6	4-1/4
WEDNES.	Cheese	Cheddar	Pound	20 oz.	2.0 oz.	8	3
	Bologna	Sliced & Packaged	Pound	2.0 oz.	2.0 oz.	8	3-1/8
THURS.	Turkey	Frozen, rolled, ready to cook	Pound	3.2 oz.	2.0 oz.	5	5
	Corned beef	Sliced & Packaged	Pound	1.0 oz.	1.0 oz.	16	1-3/4
	Swiss cheese	Sliced & Packaged	Pound	1.0 oz.	1.0 oz.	16	1-3/4
FRIDAY	Tuna fish	Flaked	7-oz. can	2-oz. (drained)	2-oz. (drained)	3	8-1/3
	Cream cheese		16-oz. package	1.0 oz.	1.0 oz.	16	1-1/2

* As purchased - size of real portion including bone, gristle, etc.
Lean, cooked - size of cooked portion, lean on

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

Week 2

Day	Meats			Quantity to Purchase for 25			
				Size of Portion			
	Item	Specifications	Unit of Purchase	As Purchased *	Edible Cooked Yield **	Portion per Purchasing Unit	Purchasing Units for 25
MONDAY	Chicken	Breast halves	Pound	4.7 oz.	2.6 oz.	3-1/3	7-1/2
	Peanut butter	Smooth	Pound Jar	2.0 oz.	2.0 oz.	14	2
TUESDAY	Pot roast USE LEFT	Boneless chuck OVER CHICKEN	Pound	3.7 oz.	2.0 oz.	4	6-1/2
WEDNES.	Ham	Bone out	Pound	3.7 oz.	2.0 oz.	4-1/3	5
THURS.	Chicken livers		Pound	3.0 oz.	2.0 oz.	5	5
	Tuna fish	Flaked	7-oz. can	2-oz. (drained)	2-oz (drained)	3	8-1/3
FRIDAY	Flounder	Frozen, breaded	Pound	2.0 oz.	2.0 oz.	8	3-1/3
	Cottage cheese	Fine curd	32 oz.	2.0 oz.	2.0 oz.	16	1-1/2

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

WEEK 3

Day	Meat		Quantity to purchase for 25				
				Size of portion			
Day	Item	Specifications	Unit of Purchase	As Purchased *	Edible Cooked Yield **	Portions per Purchasing unit	Purchasing Units for 25
MONDAY	Ground beef	Lean	Pound	2.7 oz.	2.9 oz.	6	4-1/4
	CREAM cheese		16-oz. pkg.	2.0 oz.	2.0 oz.	8	3-1/3
TUESDAY	Ham	Bone out	Pound	3.7 oz.	2.0 oz.	4-1/3	5-3/4
	Liverwurst	Rolled	Pound	2.0 oz.	2.0 oz.	8	3-1/8
Wednes.	Chicken	Drumstick & thigh from 2½ lb. bird	Pound	6.0 oz.	3.0 oz.	2-1/2	9-3/4
	Bologna	Sliced & packaged	Pound	1.0 oz.	1.0 oz.	16	1-1/2
	Cheese	Sliced & packaged	Pound	1.0 oz.	1.0 oz.	16	1-1/2
THURSDAY	USE LEFTOVER HAM						
	Tuna fish	Flaked	7 Oz. can	2 oz.(drained)	2 oz.(drained)	3	8-1/3
FRIDAY	Halibut	Unbreaded, frozen	Pound	2.8 oz.	2.0 oz.	5-2/3	4-1/2
	Chicken	USE LEFTOVER CHICKEN					

MEALS ON WHEELS - PJRCHASING GUIDE FOR CYCLE MENUS I

WEEK 4

	Meat		Quantity to Purchase for 25				
				Size of Portion			
Day	Item	Specifications	Unit of Purchase	As Purchased *	Edible Cooked Yield **	Portions per Purchasing unit	Purchasing Units for 25
MONDAY	Ground Pork		Pound	3.5 oz.	2.0 oz.	4-1/2	5-1/2
	Swiss Cheese	Sliced & packaged	Pound	2.0 oz.	2.0 oz.	8	3-1/8
TUESDAY	Turkey	Frozen roll-ready to cook	Pound	2.2 oz.	2.0 oz.	5	5
	Eggs	Grade A, large	Dozen	1 egg	1 egg	12	2-1/2
	Cheese	Mild cheddar	Pound	1.0 oz.	1.0 oz.	16	1-1/2
WEDNES.	Ground beef	Regular	Pound	2.8 oz.	2.0 oz.	6	9 lb.++
	Bologna	Sliced & packaged	Pound	2.0 oz.	2.0 oz.	8	3-1/8
THURS.	USE LEFTOVER TURKEY AND MEATLOAF ++						
FRIDAY	Tuna fish	Flaked	7 oz. can	2 oz.(drained)	2 oz.(drained)	3	8-1/3
	Cheese	Pimento, sliced and packaged	Pound	2.0 oz.	2.0 oz.	8	3-1/8

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

WEEK 5

	Meat		Quantity to pruchase for 25				
				Size of portion			
Day	Item	Specifications	Unit of urchase	As purchased *	Edible Cooked Yield **	Portions per Purchasing unit	Purchasing Units for 25
MONDAY	Veal	Stew meat	Pound	4.0 oz.	2.0 oz.	4	6-1/4
	Cheese	American, sliced and packaged	Pound	1.0 oz.	1.0 oz.	16	1-1/2
	Luncheon loaf	Sliced and packaged	Pound	1.0 oz.	1.0 oz.	16	1-1/2
TUESDAY	Chicken	Broiler, ready to cook - 2½ lb. bird	Pound	6.1 Oz. (¼-bird)	4.0 oz.	2-3/4 (or 4 quarters)	6 --2½ lb. birds
	Peanut butter	Smooth	Pound Jar	2.0 oz.	2.0 oz.	14	2
WEDNES.	Ground beef	Lean	Pound	2.7 oz.	2.0 oz.	6	4-1/4
	Tuna fish	Flaked	7 oz. can	2 oz.(drained)	2 oz.(drained)	8	3-1/8
THURS.	USE LEFTOVER CHICKEN						
	Braunsweiger - rolled		Pound	2.0 oz.	2.0 oz.	8	3-1/8
FRIDAY	Fish filet	Frozen	Pound	3.0 oz.	2.0 oz.	5	5
	Egg	Grade A, large	Dozen	2 eggs	2 eggs	6	4-1/6

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

WEEK 6

Day	Meat		Quantity to purchase for 25				
				Size of portion			
	Item	Specifications	Unit of Purchase	As Purchased*	Edible Cooked Yield **	Portions per Purchasing unit	Purchasing Units for 25
MONDAY	Ground Lamb	Shoulder	Pound	3.0 oz.	2.0 oz.	5	5
Peanu	Peanut butter	Smooth	Pound jar	2.0 oz.	2.0 oz.	8	3-1/8
TUESDAY	Chicken	Roaster	Pound	5.0 oz.	2.0 oz.	3-1/3	7-3/4
	Chicken livers		Pound	1.5 oz.	1.0 oz.	2-1/2	2-1/2
WEDNES.	Ham	Bone out	Pound	3.7 oz.	2.0 oz.	4-1/3	5-3/4
	Cream cheese		16 oz. pkg.	1.0 oz.	1.0 oz.	16	1-1/2
THURS.		USE LEFTOVER CHICKEN & HAM					
FRIDAY	Cheese	Cheddar	Pound	2.0 oz.	2.0 oz.	8	3
	Tuna fish	Flaked	7 oz. can	2 oz.(drained)	2 oz.(drained)	3	8-1/3

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

WEEK 7

	Meat		Quantity to purchase for 25				
				Size of portion			
Day	Item	Specifications	Unit of Purchase	As purchased *	Edible Cooked Yield**	Portions per Purchasing unit	Purchasing Units for 25
MONDAY	Ground beef	Lean	Pound	2.7 oz.	2.0 oz.	6	4-1/4
	Peanut butter	Smooth	Pound jar	2.0 oz.5	2.0 oz.	8	3-1/8
TUESDAY	Pork	Boneless loin roast	Pound	3.7 oz.	2.0 oz.	4-1/3	12++
	Sardines		12 oz. can (10¼ oz. dr.)	2 oz.(drained)	2 oz.(drained)	5-1/3	4-3/4
WEDNES.	Tuna fish	Flaked	7 oz. can	2 oz.(drained)	2 oz.(drained)	3	8-1/3
	Egg	Grade A, large	Dozen	1 egg	1 egg	12	2-1/12
	Ham	Sliced & packaged (or leftover)	Pound	1.0 oz.	1.0 oz.	16	1-1/2
THURS.		USE LEFTOVER PORK ++					
	Cheese	American, sliced & packaged	Pound	2.0 oz.	2.0 oz.	8	3-1/8
FRIDAY	Fish Filet	Frozen,unbreaded	Pound	3.0 oz.	2.0 oz.	5-1/3	4-3/4
	Cottage cheese	Fine curd	32 oz. carton	2.0 oz.	2.0 oz.	16	1-1/2

MEALS ON WHEELS - PURCHASING GUIDE FOR CYCLE MENUS I

WEEK 8

	Meat		Quantity to purchase for 25				
				size of portion			
Day	Item	Specifications	Unit of Purchase	As purchased *	Edible Cooked Yield **	Portions per Purchasing unit	Purchasing units for 25
MONDAY	Beef	Stew meat, chuck	Pound	3.7 oz.	2.0 oz.	4	6-1/4
	Bologna	Sliced & packaged	Pound	2.0 oz.	2.0 oz.	8	3-1/8
TUES.	Chicken	Fryer, ready to cook	Pound	4.6 oz.	3.0 oz.	3-1/3	7-2/3
	Eggs	Grade A, large	Dozen	2 eggs	2 eggs	6	4-1/2
WEDNES.	Ground beef	Lean	Pound	2.7 oz.	2.0 oz.	6	4-1/4
	Braunsweiger	- Rolled	Pound	2.0 oz.	2.0 oz.	8	3-1/8
THURS.	Ground Lamb	Lean shoulder	Pound	3.0 oz.	2.0 oz.	5	5
	Cheese	Cheddar spread	Pound	1.0 oz.	1.0 oz.	16	1-1/2
FRIDAY	Flounder	Unbreaded, frozen	Pound	2.6 oz.	2.0 oz.	6	4-1/6
	Tuna fish	Flaked	7 oz. can	2 oz.(drained)	2 oz.(drained)	3	8-1/3

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 1.	HOT MEAL	COLD MEAL
Monday	Cream of Mushroom Soup Baked Ham - Escalloped Apples Fresh (frozen) Succotash* Fruit Cup (or Fruit Jello)-Topping *Ford Hook Limas with Creamed Golden Bantam Corn	Tomato Juice Egg Salad Sandwich Pear Halves Louisiana Ring
Tuesday	Chicken Soup with Rice Baked Meat Loaf - Creole Sauce Escalloped Potatoes Buttered tiny Carrot Slices (frozen) Apple Crisp - Sunshine Sauce	Chipped Beef & Chive Cream Cheese Sandwich Slaw - Pineapple Tidbits Banana (or Orange)
Wednesday	Vegetable Soup Chicken Breast Baked in Mushroom Gravy Spanish Rice - Cinnamon Peach Bread Custard Pudding - Cherry Sauce	Minced Ham Sandwich Grapefruit & Orange Sections
Thursday	Split Pea Soup (bits of carrots & ham) Pot Roast of Beef - Vegetable Gravy Candied Sweet Potatoes Buttered Blue Lake Beans Lemon Snow - Custard Sauce or Chocolate Custard - Topping	Tomato Juice Fruit Salad - Mayonnaise Cream Cheese & Olive Sandwich Bun
Friday	Clam Chowder Country Steaks Potatoes au Gratin Stewed Tomatoes Fruit Betty - Hard Sauce	Apricot Nectar Tuna Fish Sandwich Asparagus Tips - Russian Dressing Cinnamon Doughnut

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin, or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa
One carton of milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 2.

	HOT MEAL	COLD MEAL
Monday	Clear Broth- Noodles Escalloped Ham and Potatoes (onion) Pickled whole canned Beets Chopped Spinach - Sliced Egg garnish Rosy Apple Sections (use canned)	Cream Cheese & olive sandwich Cucumbers in Sour Cream Dressing (Frozen slice Peaches in Mary Ann Cakes-Topping (Cherry Garnish)
Tuesday	Cream of Tomato Soup Roast Leg of Lamb - Mint Jelly Mashed Potato Buttered Peas Fluffy Tapioca Pudding (cold) with Strawberry Sauce	Apricot Nectar Baked Ham & American Cheese on Rye Bread Sliced Tomato & Asparagus Salad (Ind. French Dressing) Cookies
Wednesday	Crab Bisque Oven Baked Chicken Legs Creamed crushed corn & celery Canned Blue Lake String Beans Stewed Prunes	Egg Salad with lettuce & mayonnaise which has a bit of wet mustard added Whole Tomato (blossom) salad stuffed with fresh vegetables Fresh Grapes
Thursday	Cream of Asparagus Soup Roast Beef (defrost & soak in marinade) Parsley Potatoes-Buttered Broccoli mayonnaise & lemon juice Chocolate Pudding - Topping (chill)	Tomato Juice Tongue Sandwich - white bread Fresh Fruit Cup -Peaches, Fruit Cocktail, Bananas, Apple Sauce, Blueberries, some crushed Pineapple Peanut Cookie
Friday	Chicken Okra Soup Crab Cake - Tartar Sauce Creamed Potatoes-Cut String Beans (frozen) Pineapple Cherry Crunch (new recipe)	Tuna Salad Sandwich on Wheatons Bread Melon Balls (cantaloupe, watermelon, honeydew)-sprig mint Sponge Cup Cake

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin, or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa
One carton milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 3.	HOT MEAL	COLD MEAL
Monday	Chicken Soup with Noodles Salisbury Steak in Spanish Sauce Baked Corn Pudding Tiny Buttered Dutch Onions Apple Bread & Butter Pudding Sunshine Sauce	Braunschweiger Sandwich-mustard Tossed Garden Salad with Sliced Tomato - French Dressing Peach Halves Cookies
Tuesday	Cream of Tomato Soup Baked Chicken Breast - Dressing Giblet Gravy Buttered Peas - Mashed Potatoes Vanilla Custard Pudding - Topping	American Cheese Sandwich Fruit Cocktail Orange Chiffon Cake
Wednesday	French Onion Soup Pork Chop Baked in Tomato Soup Macaroni au Gratin - Chopped Spinach Egg Garnish Blueberry Cobbler - Fruit Sauce	Meat Loaf Sandwich Pineapple Chunks & Mandarin Orange Sections Cookies
Thursday	Chicken Soup - Rice Braised Beef - Mushroom Gravy Baked Potato in Foil - Frenchcut String Beans Prune Whip - Custard Sauce	Tomato Juice Tuna & Egg Salad Sandwich Cup Cakes Seedless Grapes
Friday	Old Fashioned Bean Soup Fillet of Sole - Stewed Tomatoes Parsley Buttered Potatoes Pineapple & Apricot Pan Dowdy Fruit Sauce	Chipped Beef & Cream Cheese Sandwich Shredded Carrot & Raisin Salad Cinnamon Bun

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa
One carton of milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 4.	HOT MEAL	COLD MEAL
Monday	Beef Bouillon with Rice Lamb Patty on Pineapple Ring Potatoes Mashed in Cream - Parsley Garnish Escalloped Tomatoes Chocolate Blanc Mange - Topping	Pineapple & Grapefruit juice Carrot & Raisin Salad - Mayonnaise Cream Cheese & Olive Sandwich Louisiana Ring
Tuesday	Barley Soup-Frankfurter Circles Cream Turkey Baked Stuffed Potato Brussels Sprouts Jello	Bologna Sandwich - Mustard Shredded Lettuce-Russian Dress. Spiced Apple Sauce Ginger Cookie (or Gingerbread)
Wednesday	Chicken Noodle Soup Baked Meat Loaf - Tomato Sauce Mashed Potatoes Buttered Peas & Tiny Onions Rice Custard Pudding - Topping	Grapefruit Juice Peach & Cottage Cheese Salad with Mayonnaise Peanut Butter Sandwich Bun (or grapes)
Thursday	Cream of Celery Soup Baked Ham Candied Sweet Potatoes Chopped Broccoli Red Cherry Cobbler - Fruit Sauce	Tomato Juice Meat Loaf & Chili Sauce Sand. Waldorf Salad Bananas
Friday	Split Pea Soup Tuna & Noodles Lima Beans Carrots Tapioca Cream - Butterscotch Sauce	Apricot Nectar Egg & Tomato Salad-Mayonnaise Minced Ham Sandwich Grapes (or Watermelon)

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa
One carton of milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 5.	HOT MEAL	COLD MEAL
Monday	Cream of Celery Soup Meat Loaf - Tomato Sauce Macaroni and Cheese Spinach Canned Apricots	Tuna Fish Sandwich (salad) Prunes stuffed with cottage cheese Pears Salad Cup cake
Tuesday	Chicken Rice Soup Roast Beef - Parsley Potatoes Chopped Broccoli Blueberry Upside Down Cake - Topping	Ham Sandwich Fruit Salad with fresh Grapes Sticky Bun
Wednesday	Cream of Corn & Tomato Soup Lamb Stew (peas-onions-carrots) Parsley Potatoes - Harvard Beets Apple Sauce	Grapefruit Juice American Cheese Sandwich Sliced Tomato & Deviled Egg Salad Banana
Thursday	Cream of Asparagus Soup-Ham bits added Turkey a la King Buttered Carrots * Fluffy Rice Deep Dish Cherry Pie * Use Chicken Broth - few chopped nuts	Tomato Juice Braunschweiger on rye sandwich Vegetable salad Citrus Fruit cup Angel Food Cake
Friday	Beef Barley Soup Fish - egg sauce Mashed Br. Potatoes Escalloped Tomatoes Lemon Cake Pudding	Peanut Butter Sandwich Tomato and Lettuce Sliced Peaches on Cake-Topping

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa
One carton of milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 6.	HOT MEAL	COLD MEAL
Monday	Cream of Corn Soup Meat Balls - Spaghetti Sauce Parmesan Cheese Chopped Broccoli - Lemon Juice Pineapple Bread & Butter Pudding Sunshine Sauce	Apricot Juice Braunschweiger Sand.-Mustard Slaw with Apples & Raisins Cinnamon Doughnuts
Tuesday	Beef Bouillon - Noodles Roast Chicken Leg Mashed Potatoes Cut String Beans Canned Peaches	Tomato Juice Minced Ham & Chopped Egg Sandwich with Lettuce Cookies
Wednesday	Puree of Potato Soup Green Pepper Stuffed with Corned Beef Hash Lima Beans-Chopped Spinach Cottage Pudding - Peach Sauce	Orange Juice Chicken Salad Sandwich Pear & Cottage Cheese Salad-Mayonnaise Cake
Thursday	Chicken Soup with Rice Pot Roast of Beef Vegetable Gravy Macaroni au Gratin Brussels Sprouts Chocolate Pudding - Topping	Mixed Garden Salad with Tomato Cream Cheese & Nut Sandwich Mary Ann Cake with Blueberry Filling
Friday	Cream of Tomato Soup Baked Leg of Lamb Oven Browned Potatoes Carrot Slices - Parsley Gingerbread with Apple Sauce	Tuna Fish & Pickle Relish Sand. Mandarin Orange & Apple Salad-Mayonnaise Sweet Bun

Daily

Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa.
One carton of milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 7.	HOT MEALS	COLD MEALS
Monday	Beef Vegetable Soup Casserole of Chicken - Noodles & Mushroom Soup Lima Beans (frozen) minced pimento Broiled Tomato Halves Chocolate Blanc Mange - Topping	Pineapple Grapefruit Juice Slice Ham & Cheese on Rye Sweetened Red Sour Pitted Cherry Sauce Doughnut
Tuesday	French Onion Soup Roast Veal - Spanish Rice Asparagus Deep Dish Apple Pie	Cream Cheese & Olive on White Bread Melon Balls with Mint Angel Food Cake with Butterscotch Sauce
Wednesday	Potato Soup Ham Loaf Tiny Onions in Tomato Sauce Cut String Beans Tapioca Pudding - Topping	Sliced Veal-Anchovy Spread Sandwich on White Bread Pineapple Tidbit-Mandarin Orange-Coconut Salad Louisiana Ring
Thursday	V8 Soup Chopped Beef Added Chicken Legs Creamed Celery & Cabbage Peas Chocolate Bread Pudding - Topping	Bacon & Peanut Butter Sandwich Wheatona Bread Special String Bean Salad Banana
Friday	Gordon Filet Parsley Potatoes Chopped Spinach Tapioca Pudding - Fresh Peach Sauce	Egg Salad Sandwich Pineapple & Cream Cheese Fresh Blueberries

Daily
- Saltine or other individual crackers
- One individual jelly
- One slice enriched bread
- One slice rye, whole wheat, raisin, or whole grain bread
- Packets of instant coffee, sugar, tea bag, cocoa
- One carton of milk

MEALS ON WHEELS CYCLE MENUS - SET II.

Week 8.	HOT MEAL	COLD MEAL
Monday	Celery Bouillon Meat Loaf Spaghetti Tomato Sauce Buttered Green Limas and crushed corn Lemon Pudding - meringue (use pie filling)	Braunschweiger on white bread Chilled Fruit cup Cup Cakes
Tuesday	Vegetable Soup Oven Baked chicken breasts Parsley Potatoes Creamed string beans Chocolate bread custard topping	Apricot Nectar Meat Loaf Sandwich Peach halves - cottage cheese-mayonnaise Sticky bun
Wednesday	Split pea Soup - ham bits Roast Beef-Essence Browned Potatoes Chopped Spinach - Egg sauce Louisiana Ring	½ V-8 Juice - ½ Tomato Juice Cream Cheese & Olive Sandwich Tossed Vegetable Salad (ind. French Dressing) Fruit Salad
Thursday	Chicken rice Soup Escalloped potatoes and ham Beets pickled Cauliflower Deep Dish Blueberry Pie	American Cheese Sandwich on rye Tomato-deviled egg salad (ind. Mayonnaise) Canned Apricots & fresh white grapes Brownies
Friday	Beef barley Soup Salmon cakes Macaroni and cheese Broiled Tomato Baked ruby apple sections	Chopped roast beef sandwich on Wheatona bread Cole slaw Fresh fruit - banana Angel food cake

Daily
Saltine or other individual crackers
One individual jelly
One slice enriched bread
One slice rye, whole wheat, raisin, or whole grain bread
Packets of instant coffee, sugar, tea bag, cocoa
One carton of milk

LIST OF ESSENTIAL ITEMS FOR PACKAGING

Technological development results in improved techniques and products. It will be well to survey the field before making large investments in packaging supplies.

The following items have been found to meet the needs of clients served by Baltimore Metropolitan Meals on Wheels:

Divided aluminum plates and lids

Heavy duty paper bags - size 8
(Brown bags for regular diets)
(White bags for special diets)

Wax paper or plastic sandwich bags - 6" x 1-1/8" x 7"

6 oz. styrofoam plastic cups for juices

8 oz. squat styrofoam plastic cups for salads and desserts

10 oz. styrofoam plastic cups for soup

All sizes use a snap-on lid

Insulated metal boxes to package hot plates. (This box is used by the dairy to protect milk delivery.)

Styrofoam picnic boxes are satisfactory for packaging both hot and cold meals.

Oblong plastic wash baskets with handles may be used for carrying the cold supper bags

Freez-a-shelf, or similar product. This article is frozen and placed in the bottom of the cold foods box in warm weather.

RECIPES

PEACH CRISP

Amount	Ingredient	Method
5 lb.	Peaches, canned, sliced	Mix and arrange peaches in oiled pan
½ Cup	Sugar	
2 T.	Lemon juice	
	Cover with	
1-1/4 Cups	Margarine, melted	Mix until crumbly
1-1/2 Cups	Flour	
2-1/4 Cups	Rolled oats, quick, uncooked	
1 lb.	Brown Sugar	

Bake 45-50 min. at 350° F. Yield: 25 servings

Variations: 1. Cherry crisp - substitute frozen pie cherries for peaches
2. Apple crisp - substitute sliced apples for peaches
Note: May be served with whipped cream, ice cream, or cheese.

CHERRY BUBBLE

3 lb.12oz.	Cherries, RSP (about 1/2 No. 10 can)
1/4 C. plus 2 t.	Cornstarch
1/2 Lb.	Margarine
3/4 Cup	Sugar

Drain cherries. To juice add cornstarch and sugar that have been mixed well. Cook until smooth and clear. Add butter and cherries and place mixture in baking dish.

Topping

3/4 C.	Sugar
1-1/2 C.	Flour
1-1/2 C.	Instant nonfat dry milk
1-1/2 t.	Baking powder
3/4 C.	Margarine (1-1/2 stick)
3	Eggs - beaten

For topping - mix Sugar, flour, instant nonfat dry milk and baking powder. Add butter and blend until mixture is crumbly, then stir in beaten eggs. Drop small bits of this evenly over fruit mixture.

Bake: 45 min. at 350° F. Yield: About 25 servings

RECIPES - continued

Apple Wonder Cobbler

Amount	Ingredient	Method
1-1/2 quarts	Apples (canned or fresh)	If fresh apples are used, pare and slice. Simmer apples in apple juice and water until tender and almost transparent. Add cider and lemon juice and bring again to boil.
1/2 quart	Apple juice or water	
1 quart	Apple cider	
2 T.	Lemon Juice	

Meanwhile

1-1/2 Cups	Sugar*	Mix sugar, cornstarch, and spices. Add to boiling fruit, stirring constantly with a wire whip. Pour into shallow pans. Drop biscuit dough with a No. 30 scoop on top. Bake at 400° F. for 20-25 min. until biscuits brown.
7/8 Cup	Cornstarch **	
1 t.	Cinnamon	
1 t.	Nutmeg	

* More sugar may be added according to taste
** Less cornstarch may be desirable

Apple Pan Dowdy

6 T.	Margarine	Melt butter in pan; add sugar and stir over heat until sugar is dissolved. Arrange fruit in syrup. Sift the dry ingredients into mixing bowl; add remaining ingredients and stir vigorously until very smooth. Pour batter over fruit.
2 cups	Brown sugar	
1-1/2 qts.	Apples, pared, sliced	
5-1/2 cups	Flour	
2 T	Baking powder	

Bake in 350° F. oven for about 25-35 minutes. Test with cake tester. Loosen the cake from the sides of the pan with a spatula; invert on a large serving plate. erve hot with or without whipped cream or topping.

Yield: about 25 servings

Mr. Brademas. Thank you very much. I have a question, in effect, to put to each of you, or an observation. I am impressed by your suggestions, Mrs. Lyman, that one way in which these programs will be provided will be through the establishment of luncheon clubs either in housing projects or in churches. This would seem to me to help solve some of the problems of distribution and also attack the problem of loneliness about which we have heard so much.

Mrs. Snyder, you mentioned that you were operating in Baltimore under title III of the Older Americans Act of 1965. What kind of problems have you encountered in the operation of nutritional programs of the kind we are talking about here?

Mrs. Snyder. This grant I spoke of was the one that gave us the opportunity to have a coordinator such as Mrs. Sheeler. Let's say one of our biggest hangups was the paper work of getting all the reports back to the authorities from whence the funds came, but I realize this has to happen.

Of course we started out with a very minimal part of local funds and gradually, because we were an agency liked by the community, we were accepted by United Funds so as the Older Americans Act grant diminished we were assured of funds. For instance, in this bill we are talking about a 90-and-10 matching, I believe, and the 10 percent very often can be the contribution of the individual person who wants to pay their own way.

I think as it was said before here today, many people do not want charity handed to them, and even the minimal cost of this is important. We have been involved in the Metropolitan Senior Center, which is being used as the pilot project for the Waxter Senior Center.

This luncheon club started out 1 day a week and now we are having it 5 days a week. The older people decided they could put 35 cents a day in for lunch but that doesn't give much of a lunch. I can see that this funding would help our Metropolitan Senior Center, for instance, as the backup money to provide a cook and services for sit-down service. At this moment 60 people are showing up for a coldcut sandwich for 35 cents. That is the best we can do without any other backup moneys.

Mr. Brademas. Do you have any comment on the question you have heard me put to other witnesses with respect to the administration of the program—Is it better to provide the authority in the Office of the Administration on Aging in HEW or in the USDA?

Mrs. Snyder. I must admit I am slightly concerned about it being USDA. I have a strange feeling there would be a problem of coordinating because everybody would want their own "bailiwick." I think the other gentleman's comment is very apropos—that the Administration on Aging was set up to take care of all facets related to aging and the funds might be in section 32 but fed in through other Administrations on Aging.

The funds that come from USDA in most of the States come through the Department of Education.

We stirred up a controversy last year when we realized some of our Maryland money was coming back as unused when we knew we had schoolchildren not fed.

I would suggest that it would be in an area where we could know the money is available.

Mr. Brademas. Do any of you other ladies have any comment on that question?

Mrs. Sheeler. The only thing I would add would be that the people on the local level understand who will be responsible and to whom they are to be responsible, because this too makes it rather difficult for the person that is actually trying to implement it, if, for instance, it is not carefully spelled out to HEW and the Department of Agriculture, you certainly are not going to give service to people, you are going to have to be hiring staff for reporting.

Mr. Brademas. Mrs. Sheeler, I noticed in your statement on page 2 you said, referring to section 706 and the language in the bill, which refers to nutritional programs to elderly persons providing at least one hot meal of a day, "a one-third minimum of nutritional need," that the language saying one-third seems too conservative. Then you say:

> This resolution will provide possibly two-thirds of the nutritional needs and guidance for the total nutritional needs.

I am not sure what you are saying. Are you saying that the bill ought to provide two-thirds, or what do you mean by that language in your statement?

Mrs. Sheeler. The way we are operating now is we serve a hot and a cold meal. But my concern is, if we are going to really try to relieve malnutrition I think we would have to provide more than one-third.

Mrs. Snyder. I feel that probably if a meal is provided it is going to be the major food intake of the day, and this is the reason Mrs. Sheeler had put it down here as one-third to two-thirds with the idea that is what we are doing in home-delivered meals. If one meal is served in a luncheon club or in a spot where people can walk to, the quality of it is very important, that we don't just fill them up with starchy foods or something like that, it is the quality of what they are getting. So if they are a little careless at breakfast and supper or whatever the other meals are, they won't be too far out as far as their nutritional quality goes.

I think saying one-half of the daily needs really gives an emphasis to the quality of the meal that would be provided.

Mr. Brademas. So, if we provide one meal daily you would like to have that meal represent half rather than a third of minimum daily nutritional requirements?

Mrs. Snyder. I suppose as a nutritionist I am thinking of the protective food items in there, being sure of what the protein intake or the vitamin intake might be. It may not be the total calorie intake which is gotten in other foods which really are empty calories sometimes.

Mr. Brademas. Thank you very much.

Mr. Hansen.

Mr. Hansen. Thank you, Mr. Chairman. Let me commend all of you for some very fine statements which will be of great value to the committee. I have two or three questions I will direct to Mrs. Sheeler and perhaps the others would like to respond. Do I understand that the meals-on-wheels program provides one meal per day to those that receive this service?

Mrs. Sheeler. No, sir; it is two meals, a hot and cold meal delivered Monday through Friday; it is two meals. They eat their hot meal in the middle of the day when both meals are left and refrigerate the cold food and use that for the supper hour.

Mr. Hansen. During each of 5 days?

Mrs. Sheeler. Yes, sir.

Mr. Hansen. What information can you give us on your experience with respect to costs, both on serving the meals in a central location and delivering the meals to the homes?

Mrs. Sheeler. It depends on how you are going to deliver them. We deliver by using volunteers, consequently this keeps the costs down. We have done this because we have so far been able to recruit enough volunteers to do this, and not only to deliver the food but there are volunteers who package this food. Now we do not know how long we will be able to continue operating this way.

This is why this bill providing that some moneys possibly could be paid for someone to make delivery or have a delivery system setup that is not on a voluntary basis is something we all must look to because it is ultimately, I would suspect, going to happen.

Mr. Hansen. Have you calculated the costs in your present system of operation where you do utilize the services of volunteers to a large degree?

Mrs. Sheeler. If the kitchen serves a minimum of 40 people a day, and they are not all the lowest income, they can break even paying the cook, paying insurance costs, paying for the disposable containers that we use to deliver, and paying for the foods themselves. The central office is an entirely different operation so we don't need to be involved in that.

The moneys for central intake and the moneys for the kitchen are entirely different.

Mr. Hansen. When you say break even, would this mean the amounts collected for those meals?

Mrs. Sheeler. Yes.

Mr. Hansen. How much is collected?

Mrs. Sheeler. We negotiated the minimum costs with the Department of Social Services and the minimum cost is 75 cents a meal, $7.50 a week. This allows the person who is on public assistance to utilize the Meals-on-Wheels service. Half of the people in Baltimore City that we serve are low income. To the person that applies for the service over the telephone I state to them we would like you to pay $1 a meal. If the person is on public assistance or low social security they immediately say to me I can't afford that, in which case it is reduced. But everyone else pays us $1 a meal, $10 a week.

Mr. Hansen. You say this will permit you to break even if you serve as many as 40 meals per day?

Mrs. Sheeler. Providing that the packaging and delivering is done by volunteers.

Mr. Hansen. How many of those meals would be served in a central location and how many would be delivered to the home?

Mrs. Sheeler. All of them are delivered to the home that I am quoting. Our Meals on Wheels in Baltimore City is only for housebound people at the present time.

Mr. Hansen. What has been your experience as far as the reaction to those who receive the meals to this requirement that they contribute, or at least the encouragement that they can make some contribution toward its cost?

Mrs. Sheeler. I really do not feel that the elderly want it handed to them. We had one kitchen in an affluent area that there was a misunderstanding. The people of that area thought that it was set up by social services and a free program and the kitchen did not grow the way we expected. When we investigated it we found this was the cause.

As soon as the people living in the area realized they were going to contribute to the cost of this service then the kitchen grew just like the rest of them.

So my experience has been the elderly want to pay a minimum for the service.

Mr. Hansen. Would you concur with what I would assume was the essence of the earlier discussion between our chairman and Congressman Pepper relative to the manner of a means test, and I ask you if you would agree that a means test, as such, should not be properly applied, but that there should be provided an opportunity for those who receive this service to make some contribution commensurate with their own financial circumstances and willingness and ability to do so?

Mrs. Sheeler. I would concur that they would be allowed to pay. If the person is not on public assistance and cannot afford to pay anything for the service, we give them service, and usually this would come from contributions that have been made directly to the project.

You see I have to ask certain information because all of these people are screened over the phone.

Now how this could be determined when it is a walk-in center I quite honestly have not thought that through. The only thing that I know is that the senior people wish to continue paying their own way as far as possible even if it is a very minor amount or a way for them to participate in the project which would allow them to pay their own way.

Mr. Hansen. By furnishing volunteer service?

Mrs. Sheeler. Yes, sir.

Mr. Hansen. I am impressed that you have been successful in obtaining voluntary services to the extent that you have, which obviously has enabled you to keep the price at a level where you can serve more people. With the limited dollars for a program such as this, obviously, those dollars will go much further if many of the services are donated. My question to you is based on your experience to what extent you think we might anticipate volunteer services to implement in bills such as this in the event it would be enacted and in the nutritional program as contemplated under the bill as initiated?

Mrs. Sheeler. I feel that this particular age group has been so neglected in our society, I feel that the experience of a volunteer who goes out on a route and actually sees what we are able to accomplish, these people literally get out of their sickbeds and are rehabilitated, that the volunteer ends up really helped in the project. Some of these volunteers have been in this project a lot longer than I have, 10 years.

Mrs. Lyman. As I understand your question, Mr. Hansen, you are asking could we also use volunteers under the provisions of the present bill?

Mr. Hansen. Yes; to what extent can we anticipate volunteer help to provide, say, the bulk of the services?

Mrs. Lyman. Let me suggest that in the 14 senior centers or clubs that my agency is involved with they are all run by volunteers and I think that it depends on the kinds of service. For instance, if meals were delivered rather than prepared there, then you could use volunteers, you could use the same ones you have now that are the senior club advisers. If the meals have to be prepared in the kitchens, this might also be a use of volunteers. Probably though, you would need to pay a cook simply because she will show up oftener than if it is a volunteer.

Mr. Hansen. Let me ask one question on this matter of volunteers. We were impressed in the course of consideration of legislation before this subcommittee dealing with services to very small children, with the availability of older people to serve the needs of small children.

There seems to be a very great interest and a desire on the part of older people to help out with young children and a real talent too as far as the service they perform. Let me ask that question in reverse now: To what extent do you think we can mobilize young people, such as high school and college students, who have indicated a desire to become involved and perform some service that is useful to society, on a volunteer basis to help make a program like this work?

Mrs. Sheeler. I know there is one project in Baltimore that has done this this summer, a home for the aged, where they recruit high school young people and college students to work with the aged and it was a very successful program. In fact, some of these young people were required to give a minimum amount of time in order to participate in the program but many of them put in a lot of extra hours that were not a requirement because of their own interest.

Mrs. Snyder. May I make an addition to this?

I think this is the way to extend our food dollar or whatever dollar we want to call it. I think if we do think about volunteers built into it before we start, you have to think of something about training and understanding the people with whom we are working. If we have any problems in our Meals-on-Wheels program it is the problem of a lady who has cooked her meals for years and has liked her neighbor feeling that she does not need any help to understand being a volunteer.

We know, for instance, in our situation, that we need a lot more training than we are doing because with the older population a volunteer walking in may find a very ill client, a dead client, many things might happen that they need to be prepared for, but we can't scare them to death by saying, "you know, our clients may die some day."

But the problem of training and understanding the elderly, and I think Mrs. Sheeler made the point, that the middle aged of us are thinking that the reason we love working with older people is that hopefully we can make an impact somewhere so when we get the same age things won't be so rough for us. Maybe that is part of the reason we can get the 30- and 40-year-old involved.

In our metropolitan senior center, the original group of volunteers were the junior league girls. and I say girls although there is a various number of ages in them. But there are a number of young women involved in volunteer services. They relate to the elderly almost like their own parents and they made a great contribution. The older people also have a role to play because they like to help their buddies, so to speak, and enjoy association with younger folks.

Mrs. **SHEELER.** I have one other point I would like to make that really isn't dealing with this issue. The question was raised with the bill being for people 65 and over. It is a concern to me because I have chronically ill that we are taking care of in the homes now that are under 65.

I wonder if it might say retired people because you could be retired at 40 with a chronic heart condition and this would leave the door open for those people. Now the majority of people we take care of are over 65, but about one-fourth of them are chronically ill and under 65, and I would not like to have to deny service to those people if it could be worded retired in place of age.

Perhaps this would allow our chronically ill who have been forced to retire early to utilize this service. They need it too.

Mr. **HANSEN.** Thank you for that observation. I think that is a good point the committee might well take into consideration.

Thanks to all of you for the very fine statements. I want to commend all of you for the leadership that you have put into this important area.

Mr. **BRADEMAS.** I just want to add another word of congratulations to Meals-on-Wheels programs, which I know is important in the communities in the congressional district that I represent. I think the Meals-on-Wheels program has pioneered in the area to which this legislation is addressed.

The Chair wants to announce that the next hearings on this bill will be held tomorrow morning at 9:45 in this room, and the witnesses will be Dr. William Bechill, Mr. William R. Hutton, and Mrs. Sandra Howell.

The subcommittee is adjourned.

(Whereupon, at 11:05 a.m., the subcommittee was adjourned, to reconvene at 9:45 a.m., Thursday, September 17, 1970.)

OLDER AMERICANS ACT AMENDMENTS FOR NUTRITIONAL SERVICES

THURSDAY, SEPTEMBER 17, 1970

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met, at 9:45 a.m., pursuant to recess, in room 2175, the Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Steiger, and Hansen.

Staff members present: Jack Duncan, counsel; Ronald Katz, assistant staff director; Marty LaVor, minority legislative coordinator; Arlene Horowitz, staff assistant; and Toni Immerman, clerk.

Mr. Brademas. The Select Subcommittee on Education will come to order for the purpose of hearing testimony on H.R. 17763, a bill to amend the Older Americans Act of 1965 to provide nutritional programs for the elderly.

Our first witness this morning is Mrs. Sandra Howell, project director of the Gerontological Society.

STATEMENT OF SANDRA HOWELL, PROJECT DIRECTOR, THE GERONTOLOGICAL SOCIETY

Mrs. Howell. My name is Sandra Howell. I am representing a joint statement prepared with Dr. Martin Loeb of the University of Wisconsin.

Dr. Loeb and I are gerontologists. We are part of a growing group of academics and professionals who, like child specialists, confine our research, teaching, and consulting to an age group with quite unique and complex problems.

Under a grant from the Administration of Aging, Department of Health, Education, and Welfare, Dr. Loeb and I prepared an extensive research review of what is known in biochemistry and economics, psychology, and social anthropology of the nutrition problems of older people. The document is designed to be used in orienting professionals to the rather particular kinds of issues which are of concern in working with older people. Because we have explored the needs of older Americans on this topic, we would, initially, like to commend Congressmen Pepper and Brademas and their colleagues for bringing forth a very promising program in H.R. 17763.

Given surplus apples, it is no trick to distribute them at randomly selected corners across the country. By contrast, it is difficult to administer effective meal programs serving all our elderly poor in communities large and small all over this country.

Currently I am participating in an evaluation of demonstration meal programs for the elderly, supported over the past 2 years by the Administration on Aging under title IV of the Older American's Act. In almost all instances the creation of these pilot programs required extensive consultation from a variety of sources, both public and private. Required was not only the provision of food, but also expertise in locating and recruiting the aged, reintegrating them into the social mainstream, providing nutrition evaluation, and delivering the many needed health and welfare services.

Dr. Loeb and I do not believe that the Department of Agriculture is an appropriate agency to administer such comprehensive programs as are proposed in the bill before us. The Department of Agriculture has evidenced virtually no awareness of the particular needs of the older people, over 96 percent of whom reside not in institutions but in their neighborhoods throughout the country.

The very acts of placing surplus commodity depots in locations mostly not accessible to the relatively immobile, urban aged, of packaging such commodities in quantities unsuited to use by the single aged, of publishing food guides which few elderly can or feel inclined to read, suggest some insensitivity to the needs of this major population group.

Let me share with you some of the questions confronting those who create meals programs for the aged. I believe that these reflect some of the intricacies involved in planning and administering such programs.

(1) What is the nature of the appropriate agent or agency on the local level to conduct a meal program for the elderly?

A corollary to that question is whether or not one can rely on local initiative for selection of the proper agent?

We have found that in some communities quite inappropriate sponsors opted into the available demonstration grants. The reasons that a particular local agent or agency may be inappropriate are many; for example, a social caseworker may be excellent in dealing with individual older persons but quite inept in community organization.

Agencies in which there is good leadership, experience with writing grants, et cetera, tend to get preferential treatment from local and State officials. For example in one eastern city local politicians were persuaded to facilitate the use of school lunchrooms for meals for elderly. However, those city neighborhoods which are in most need were excluded from school programs, and their own programs, in storefront centers, are not politically supported.

Communities where there is no leadership, remote communities, communities where the general education level is low are less likely to get money for programs.

It seems to us that there should be built into the bill a provision for (a) separate State planning to set priorities and ensure distribution of program moneys to the communities where they are most needed and (b) designated personnel to help "apathetic" communities (where nutrition programs are probably most needed) develop programs.

(2) Should a new agency, specializing in meals for the aged, be developed or an existing agency expand its services?

Existing agencies have established networks in the community which is an advantage. On the other hand, it is difficult for established agencies to change their habitual patterns of operation in a community and there is little question that serving the hitherto inaccessible elderly cannot be accomplished by traditional modes of operation.

(3) What role should the community of elders itself play in the total operation? Some programs around the country operate very paternalistically (a particular malaprop in dispensing services to the aged).

Those programs in which the professionals step back and serve more as consultants appear to better engage old participants but risk having to accept decisions and behaviors that may go against their professional orientation.

(4) How and by whom should recruiting of participants be conducted? What criteria should be used to accept or reject participants? How should individual and group needs of participants be evaluated?

Many programs run into serious difficulties in this regard. Some discovered they had recruited not the more isolated and insulated but the already most socialized elderly in the community. Some found that even in neighborhoods with a heavy population of elderly poor, there was resistance to group dining programs.

(5) What kinds of additional services should be offered with the meal program? If nutrition education is to be an important part of the program, who is to teach, what is to be taught, and how?

Such questions do not have obvious answers which any well-trained nutritionist could be expected to answer. As a matter of fact, there is considerable evidence that nutritionists and dietitians do not know what or how to teach older people and have little experience in evaluating the effectiveness of the information and skills they proffer older learners.

(6) What type of site or sites in a community are appropriate for meal programs?

A church basement may seem ideal; if the church forbids wine and smoking and the group to be reached are inner city, older, single men of southern European origin, the outreach will fail.

How about school cafeterias which appear to be underutilized, given the standing equipment and trained dietary personnel? If the school administration can accept varying the menu so that older people are not required to eat the same foods (spaghetti and hot dogs) as are prepared for the children, it may be a feasible plan.

Administering a food distribution program, federally, is a different bag than administering and coordinating a nationwide multipurpose service program for the older American, where food is one of many components.

It is not enough to "require the Secretary of Agriculture to consult with the Administration on Aging, and request technical assistance of other Federal departments." To my knowledge virtually all Federal programs allow and encourage such cooperation. The problem is knowing when and whom to ask and a willingness on the part of a department to share the public stage and the allotted funds.

In the formulation of H.R. 17763 you have evidenced a sophistication with respect to meeting the needs of the whole person. You share the knowledge that a single need, in this case food, cannot be met for a group of citizens without the coordination of multiple agencies providing complimentary supports.

In the United States our unfortunate public administrative lag is that we have not yet developed skills in interagency coordination at the Federal, State, or local level. One thing should be obvious however. Having invested in training specialized personnel and systems in certain technological areas, it will not profit us to evolve new legislation which by-passes or weakens the effectiveness of these existing specialists.

The Department of Agriculture has the technical know-how to plan and administer food distribution programs. However, when the focus is to be on the multifaceted needs of the older American, by far the more sophisticated agencies are to be found in the Department of Health, Education, and Welfare.

The legislation which is being proposed should be more explicit in its requirements for interagency interaction at all governmental levels and should have built into it a method for on-going evaluation of this interaction.

In addition, criteria for Federal, State, and local agency performance in carrying out program need to be developed and implemented.

From the standpoint of public administration, I was intrigued to discover that of the 54 State distribution agencies for surplus commodities, 20 are in State departments of education, 14 in departments of administration or finance, 12 in departments of welfare, and two in miscellaneous State agencies.

I find it difficult to imagine that either the skills or the orientations of these varied departments are uniform with regard to the tasks of commodity distribution, attendance to community and recipient needs, cross-agency relationships, et cetera.

The time is now, in the proposal for new social legislation, to attend to the methods of achieving longrun social goals as opposed to the shortrun gratifications we might achieve in simply seeing a good intentions bill enacted into law.

Mr. BRADEMAS. Thank you, Mrs. Howell. Yours is an extremely useful statement. The Chair would like to observe it is rather different from any of the statements that we get on bills before the subcommittee, because you do what we often think is our line of work; namely, asking all the tough questions, and you have asked a lot of what seemed to be the relevant questions.

I think your statement is extremely helpful. Two or three questions, if I may. Your testimony seems to be based on the premise that this bill is aimed at providing nutritional programs for elderly poor only.

As you may know the bill is not restricted to the elderly poor. I wonder if it is your own judgment that it ought to be or not?

Mrs. HOWELL. When you look at income distribution among older Americans, the margin, both in time and volume of people, of when somebody goes over the edge from just making it to poverty is very small in many, many cases.

One of the things, as I look at the programs around the country that were pilot programs, that has been a problem is too severe restriction, too many means tests in some of the programs that rejects the person that is kind of on the margin, and who as such needs the social and other benefits of these multiple programs.

No, I do not think that there should be a means test and only those below a given poverty line should be included and all other elderly excluded. However, I do think there should be priorities among the elderly group.

Mr. Brademas. I notice in your testimony you say you are now participating in evaluation of demonstration meal programs for the elderly supported by a grant of the Older Americans Act, title IV. Have you completed that evaluation, and if not, would you tell us when you expect to do so and would it be possible to make available to our subcommittee the findings?

Mrs. Howell. Yes, sir. This is, I think, within the bailiwick of the Administration on Aging and I am sure that anything that comes through these grants and contracts in evaluating the programs will certainly be made available to the legislature.

We are really beginning to evaluate with the goal of writing some guidelines which would help other programs or new programs get started in communities comparable to the ones where the pilot testing is going on.

Mr. Brademas. You expect to have completed your work by when?

Mrs. Howell. By early next year hopefully. Many of the programs are continued on for a third year so we are evaluating while some of the programs are still going on.

Mr. Brademas. On page 3 of your statement you say "there should be built in the program a provision for separate State planning to set priorities and assure distribution of program moneys," and also "there should be built into the program provision for designated personnel to help apathetic communities develop the programs."

Do you feel under the language of the bill as presently drafted, it would be appropriate to build in such provisions or are you suggesting that separate statutory language is necessary?

In other words, would it not be possible under the bill as drafted for the administering agency, assuming that the administrators agreed, to write such guidelines?

Mrs. Howell. I guess I have to be very honest. As a non-administrator, as an academic and professional consultant in this field, that it does not matter what we put in the legislation, Congressman, if when it gets out in the field, the wrong people are used at the wrong time, too little and too late in terms of consulting the communities on where they ought to go in meeting their needs.

I think that is where the Federal Government needs to play a very important role. It has to help States and local agents find the right people and understand when the right times are.

Mr. Brademas. Thank you very much, Mrs. Howell, for a most helpful statement.

Mr. Steiger?

Mr. Steiger. I want to join the chairman in thanking you. By virtue of what you have said in your testimony, would you feel that Secretary of Agriculture ought not to be the administering agency?

Mrs. Howell. I think that there is some obligation on the part of the proponents of the legislation to explore the agencies designated at the Federal level and to explore past interagency communications on comparable problems and to evaluate which the best agency is, on the basis of experience, to do the kinds of jobs that are designated in this bill, in this case not just distribution of food but the provision of omnibus kinds of programs for the particular population group.

Mr. **Steiger.** From your experience do you think that the grant approach as proposed in the legislation is the best way to get the most resources for this type of program?

Mrs. **Howell.** Without more thinking about it I am afraid I can't answer that. My experience in public administration is limited in that regard.

Mr. **Steiger.** One other question if I may. In your evaluation have you gone far enough to be able to have any feeling on what is happening, what are the major problems that the commuities or local groups face in trying to put together a group dining on wheels program?

Is it the lack of awareness of the program? Is it a lack of facilities and equipment or is it lack of money or maybe none of those?

Mrs. **Howell.** Two things are outstanding. Some assurance of continuing funding. The programs get started and are developed often on these 2 or 3-year demonstration bases with no assurance of continuation and let us face it, there are kinds of programs, social legislation in this country that have to be seen as permanently deficit financed. They are not going to end up being self-supported by communities either because of the way the communities allocate moneys, they are not top priority, or local communities do not have the tax base to do it.

So there is going to, I think, need to be some kind of assurance and a second thing, and this is particularly true for our rural older Americans, the outstanding problem is transportation, relative immobility and no funds allocated adequately for this purpose.

This is true certainly for any kind of program that would involve Meals on Wheels.

Mr. **Brademas.** Thank you very much, Mrs. Howell.

Could we go off the record?

(Discussion off the record.)

Mr. **Brademas.** On the record.

Our next witness is executive director of the National Council of Senior Citizens, Mr. William Hutton, an old friend of ours.

STATEMENT OF WILLIAM R. HUTTON, EXECUTIVE DIRECTOR, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. **Hutton.** Thank you, Mr. Brademas.

Mr. Chairman and members of the subcommittee, I am grateful for this opportunity to testify on behalf of the 2,500,000 member National Council of Senior Citizens in favor of H.R. 17763, a bill that would authorize the Federal Government to grant funds to the States for service then of low cost, nutritious meals for older Americans at locations that are, to the extent possible, convenient and easily accessible.

The National Council membership welcomes this legislation and urges its early enactment. We trust that the administration will support H.R. 17763 which is designed to carry out a major recommendation of the Panel on Aging of the White House Conference on Food, Nutrition and Health held in Washington last December.

I had the honor to serve on the Panel on Aging of the White House

Conference on Nutrition, and in my capacity as a member of that panel and from my knowledge of the nutrition problems of the elderly acquired as executive director of the National Council of Senior Citizens, I am concerned about the desperate need for older Americans in the area of nutrition.

The very first recommendation of the Panel on Aging of the White House Conference on Nutrition calls for legislation contemplated under H.R. 17763. The recommendation follows:

> The Department of Health, Education and Welfare and the Department of Agriculture should begin at once to implement a variety of meal delivery systems in the following ways:
>
> (1) Assemble a working party of scientists, industrialists, and representative aged persons with experience in nutrition service, food preparation, food habits and meal service who will review existing experience with low cost meals, and meal delivery service.
>
> (2) Undertake permanent funding programs of daily delivery service, initially consisting of at least one meal for all the aged needing this service and desiring it, in both urban and rural locations emphasizing the importance of the values of eating in group settings where possible. This service, as outlined in Recommendation III of this Panel, may be provided in restaurants, institutions or other suitable places for the well aged or at home for the home bound.
>
> (3) Develop a system of reimbursement with either food stamps or coupons or credit cards which will be acceptable to the recipients and efficient for the system, and which will retain freedom of choice for the user.
>
> (4) Develop surveillance systems which will insure both the nutritional quality and the acceptability of the meals. The single daily meal will furnish at least one half of the daily Recommended dietary Allowance of the Food and Nutrition Board of the National Research Council, and may include foods to be eaten at other times during the day. The remaining allowance, especially of calories, may be obtained by the individual's initiative facilitated by income supplements and the revised food stamp program when necessary. The meal delivery system should extend to all areas as feasible systems are developed.

The Panel on Aging's second recommendation was aimed at guaranteeing sufficient cash to enable the low income elderly to buy nutritious meals.

With the permission of the subcommittee, I would like to submit, as a supplement to my testimony, the complete recommendation of the Panel on Aging of the White House Conference on Nutrition.

I make this request because the summary of the Panel's recommendations in the final report of the White House Conference on Nutrition is incomplete due to omission among other things of the Panel on Aging's recommendations on:

Meal delivery service in housing developments financed with Federal funds.

Transportation needs of the elderly and disadvantaged.

Packaging and labeling of food products.

A national code of standards for persons and agencies providing residential care or home health care for any number of the aged to assure adequate nutrition and health services for their clientele.

The final report of the White House Conference on Food included only four of the recommendations of the Panel on Aging. In fact there were 11 such recommendations. I would like to introduce for the record the entire 11 recommendations which now have been distributed by the White House staff.

(The document referred to follow:)

WHITE HOUSE CONFERENCE ON FOOD, NUTRITION AND HEALTH—FINAL REPORT

ADDENDUM

In the page plating of the Final Report, in Panel II–4 (Aging), pages 62 to 64, Recommendation Nos. 5 through 11 were omitted accidentally. Some type from the galleys listing Panel members also was lost. To correct these errors the complete report of Panel II–4, including a listing of Panel members and consultants, is printed in the following pages.

ERRATA

The appendix to Recommendation No. 8 of Panel II–1 is misplaced. It appears incorrectly before the report of the Panel on pages 30 through 35. It should appear following the report.

Two charts, Exhibits A–I and A–II, appear incorrectly on pages 244 and 245. The charts are in their proper place in the appendix to Panel III–1 on pages 111 and 112.

PANEL II–4 : THE AGING

***Chairman:*[1] Edward L. Bortz, M.D., Senior Consultant in Medicine, Lankenau Hospital, Philadelphia, Pa., former President, American Medical Association.**

***Vice Chairman:* Donald M. Watkin, M.D., Staff Physician, Veterans Administration Hospital, West Roxbury, Mass., former Program Chief, Research in Nutrition and Clinical Research in Gerontology, Veterans Administration.**

Panel members

Rev. Richard Cartwright Austin, Director, West Virginia Mountain Project, The United Presbyterian Church, Whitesville, W. Va.

James E. Birren, Ph. D., Director, Gerontology Center, University of Southern California, Los Angeles, Calif.

W. E. Cornatzer, M.D., Ph. D., Professor and Chairman, Department of Biochemistry, and Director, Ireland Research Laboratory, School of Medicine, University of North Dakota, Grand Forks, N. Dak.

Nylda Gemple (Mrs. Herbert Gemple). Nutritionist, Bureau of Adult Health and Disease Control, Department of Public Health, City and County of San Francisco, Calif.

William Hutton, Executive Director, National Council of Senior Citizens, Washington, D.C.

Juanita M. Kreps (Mrs. Clifton H. Kreps, Jr.), Ph. D., Dean of the Woman's College, Duke University, Durham, N.C.

Alfred H. Lawton, M.D., Ph. D., Associate Dean of Academic Affairs, University of South Florida, Tampa, Fla.

George Mann, Ph. D., Associate Professor of Biochemistry and Medicine, Vanderbilt University School of Medicine, Nashville, Tenn.

Father Anthony Rocha, Chaplain, Catholic Memorial Home, Fall River, Mass.

Russel B. Roth, M.D. Urologist, Erie, Pa. Also Speaker, House of Delegates, American Medical Association.

Sylvia Sherwood (Mrs. Clarence Sherwood), Ph. D., Director of Social Gerontological Research, Hebrew Rehabilitation Center for Aged, Roslindale, Mass.

Leola G. Williams (Mrs. Wilburn Williams), Director, Greenwood Center, Star, Inc., Greenwood, Miss.

Consultants

Ruebin Andres, M.D., Assistant Chief Gerontology Research Center, National Institutes of Health, U.S. Department of Health, Education, and Welfare, Baltimore, Md.

William L. Holmes, Ph. D., Director, Division of Research, Lankenau Hospital, Philadelphia, Pa.

Caro E. Luhrs, M.D., Medical Advisor to the Secretary, U.S. Department of Agriculture, Washington. D.C.

Constance McCarthy, Chief, Public Health Nutrition Services, Rhode Island State Department of Health, Providence, R.I.

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[1] All those associated with the Conference noted with sorrow the death of the Chairman of the Panel on Aging, Dr. Edward L. Bortz, on February 24, 1970. The recommendations of the Panel reflect his knowledge and dedication to alleviating the problems of the aging.

Marie C. McGuire, Assistant for Problems of the Elderly and Handicapped, Renewal and Housing Assistant, U.S. Department of Housing and Urban Development, Washington, D.C.

John B. Martin, U.S. Commissioner, Administration on Aging, U.S. Department of Health, Education, and Welfare, Washington, D.C. Also Special Assistant to the President for the Aging and Director, 1971 White House Conference on Aging.

Gladys H. Matthewson, Nutrition Consultant, Community Health Service, Medical Care Administration, Region 6, U.S. Public Health Service, Kansas City, Mo.

Charles E. Odell, Director, Office of Systems Support, U.S. Training and Employment Service, Manpower Administration, U.S. Department of Labor, Washington, D.C.

Mollie Orshansky, Economist, Office of Research and Statistics, Social Security Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C.

Nathan W. Shock, M.D., Chief, Gerontology Residence Center, National Institutes of Health, U.S. Department of Health, Education, and Welfare, Baltimore, Md.

Marvin J. Taves, Ph. D., Director, Research and Development Grants, Administration on Aging, U.S. Department of Health, Education, and Welfare, Washington, D.C.

REPORT OF PANEL II–4—PREAMBLE

The present crisis among the aged demands immediate national action to relieve poverty, hunger, malnutrition and poor health. Furthermore, positive measures are required throughout life to retard the premature debilitating aspects of aging.

Certain priorities exist:

1. Provision of adequate income to the aging.
2. Provision of adequate nutrition to the aging.
3. Provision of adequate health services to the aging.
4. Federal, State and local funding to insure immediate implementation of the above.
5. Prompt provision of substantial increases in Federal funding for support of education, research and development in nutrition and gerontology.

Recommendation No. 1: Meal delivery

The U.S. Government, having acknowledged the right of every resident to adequate health and nutrition, must now accept its obligation to provide the opportunity for adequate nutrition to every aged resident. Immediate attention must be given to developing a new system of food delivery based on modern technical capability by which meals supplying a substantial proportion of nutritent requirements can be distributed to the aged through restaurants, institutions and private homes when this is necessary. Regional, urban and cultural differences in the United States will require that a variety of systems may be necessary to accomplish this goal.

The Administration on Aging within the Department of Health, Education, and Welfare and the Department of Agriculture should begin at once to implement a variety of meal delivery systems in the following ways:

1. Assemble a working party of scientists, industrialists and representative aged persons with experience in nutrition science, food preparation, food habits, and meal service who will review existing experience with low cost meals and meal delivery service.
2. Undertake permanent funding programs of daily meal delivery service, initially consisting of at least one meal for all the aged needing this service and desiring it, in both urban and rural locations emphasizing the importance of the values of eating in group settings where possible. This service may be provided in restaurants, institutions or other suitable sites for the well aged or at home for the homebound.
3. Develop a system of reimbursement with either food stamps or coupons, as outlined in Recommendation No. 3 of this Panel, or credit cards which will be acceptable to the recipients and efficient for the system, and which will retain freedom of choice for the user.
4. Develop surveillance systems that will insure both the nutritional quality and the acceptability of the meals. The single daily meal will furnish at least

one-half of the daily Recommended Dietary Allowance of the Food and Nutrition Board of the National Research Council. It may include foods to be eaten at other times during the day. The remaining allowance, especially of calories, may be obtained by the individual's initiative facilitated by income supplements and the revised food stamp program when necessary. The meal delivery system should extend to all areas as feasible systems are developed.

Recommendation No. 2: Increased income

Because diet quality and income are related, and because many older people do not have the income to provide adequate nutritious diets, immediate increases in the incomes of elderly people are a vital first step in freeing the aged from hunger and malnutrition.

Therefore it is recommended:

1. That social security benefits be increased by 50 percent and the minimum benefit raised from $55 to $120 monthly within the next 2 years, taking an additional 5 million people out of poverty and hunger.
2. That the public welfare system be completely revised to provide a Federal welfare program with adequate payments based solely on need of the consumer and with Federal financing and administration of welfare costs.
3. That the Federal Government assure all Americans the economic means for procuring the elements of optimum nutrition and health, and assure the distribution, availability and utilization of adequate information, facilities, and services.
4. That the Federal Government eliminate all barriers to adequate nutrition and health for all segments of the population, particularly those groups with special needs, e.g., the aged, the poor, the handicapped and minority groups, including those using languages other than English.
5. While the Panel on Aging joins other panels in endorsing a guaranteed annual income, we are concerned that older individuals, having contributed to and living within their social security benefits, may find their standard of living reduced. Therefore, we recommend that social security beneficiaries receive income in an amount at least of a level on parity with any implemented system of guaranteed annual income.

Recommendation No. 3: Food Stamp Program Revisions

Supporting the position of Panel V-3, and supporting the policy position of the President that urges revision of the food stamp program as an interim mechanism for implementing the procurement of food by the poor; and supporting the immediate enactment by Congress of S. 2014 and urging the entire White House Conference to press for its enactment,

The Panel on Aging makes the following additional recommendations:

1. The food stamp program must be revised so that any individual or family receiving food stamps may purchase prepared meals with stamps. Restrictions in current legislation limiting eligibility for food stamps to those having adequate cooking facilities must be eliminated.
2. Eligibility for food stamps must be established on the basis of self-declaration under clear, simple, uniform, and widely published Federal standards.
3. Such standards must permit very low income persons and families to obtain stamps without cost. Those who purchase stamps must be permitted to purchase portions of their allotment at various times throughout the month.
4. The U.S. Department of Health, Education, and Welfare should initiate ongoing impact research to monitor and evaluate the effectiveness of the food stamp program in placing the resources for sound nutrition into the hands of all low-income Americans.

Recommendation No. 4: Education, Research and Development

It is recommended:

1. That the U.S. Government develop guidelines for a nutrition education program aimed at the elderly. This program should include an emphasis on physical activity and social interaction. These guidelines should give direction to mass media, voluntary and official agencies, advertising agencies and industry. To avoid preventable nutritional and health disabilities of aging, these guidelines should emphasize adequate nutrition education and practice throughout life.
2. That educational programs for the elderly be developed by competent, qualified health and social service personnel including those specializing in diet counseling, utilizing a variety of media. These programs should recognize educational

reading levels, common language usage, and ethnic or cultural backgrounds, to provide a means of effective education and communication on all aspects of food supply, nutrition and health. These programs should include direct handout material, media programing and the training of indigenous senior citizens where possible as community workers in all service areas.

3. That Government funds be provided to augment training programs for preparation of professional and subprofessional workers in nutrition and gerontology.

4. That surveys of institutionalized and noninstitutionalized aged be carried out with respect to their nutrition and health status and that these data be used to eliminate faculty diagnoses based on dietary deficiencies.

5. That because of the mental health problemms associated with the problems of social isolation and inadequate nutrition, a National Commission for Mental Health of the Aged be established.

6. That substantial funds be devoted to the support of basic and applied research as an investment for the future health and nutrition of the Nation. Since effective action programs are based on research findings, immediate action must be based on the best information currently available. However, it must be recognized that continued research on the basic nature of aging and its relation to nutrition is essential for progress in the future.

Recommendation No. 5: National Code of Standards

It is recommended: That persons and agencies providing residential care or home health care for any number of the aged be required to supply adequate nutrition and health services for their clientele and that to help insure this, the Federal Government establish a national code of health, nutrition, and personnel standards and use its powers to encourage each State to adopt and enforce this code.

Recommendation No. 6: Housing and Dining Facilities

An effective meal delivery service for the older citizen, accompanied by opportunity for sociability, can be extended effectively on a workable neighborhood basis through the use of various facilities including particularly centers in housing developments located in strategic neighborhood areas.

It is recommended:

1. That all housing programs for the elderly, no matter how financed or by whom sponsored, include meal service with proper nutrition, this recommendation to include those developments for the well elderly which also provide individual cooking facilities within their dwellings. Community spaces provided for such meal service be designed by or in cooperation with persons knowledgeable in food preparation and dining arrangements.

2. That in order to reach older people in the surrounding neighborhood, this service be extended to older people in the neighborhood and the planning and funding for this outreach service be reflected in all future plans for possible extension or modernization of existing facilities.

3. That the U.S. Department of Housing and Urban Development include in its programs for Senior Citizens one that responds to the needs of the more frail elderly, those who cannot shop and prepare meals, but who are not ill and do not need more costly and less socially desirable medical facilities.

4. That the Federal Government fund construction of neighborhood centers for the elderly which can provide services peculiar to the needs of older persons.

5. That research and demonstration programs jointly funded by the Department of Housing and Urban Development and the Administration on Aging be undertaken to bring about a closer relationship between housing design and construction and the services needed to round out a rewarding environment.

Recommendation No. 7: Transportation for the aged

The older population in large part must depend on accessible and economic public transportation to reach services, including food services. Therefore, to overcome the effects of limited mobility, to assure continued access to the general community, to provide opportunity for a role in society befitting their years and physical condition.

It is recommended: That the U.S. Department of Transportation, in conjunction with the Department of Health, Education, and Welfare, its Administration on Aging, and the Department of Housing and Urban Development, seek ways of providing necessary transportation for the elderly and other disadvantaged groups who are not within reach of, or able to use normal public transportation (if it exists) in order to take advantage of nutrition, health and other services.

Recommendation No. 8: Packaging and labeling

It is recommended:

1. That the U.S. Government establish a mechanism in collaboration with private industry for the development of economical, nutritious, easily prepared, attractive and readily stored new lines of food products. While these would satisfy certain packaging requirements of the elderly, they should be available to all residents regardless of age.

2. That promotion of these new food products be accompanied by an education program geared to the needs of those seeking economical high quality nutrition.

3. That all packaged food products be labeled in clearly visible print with their nutrient contents translated into proportions of daily allowances of the four basic food groups.

4. That this labeling system not replace present ingredient labeling.

5. That the Federal Government launch a concentrated educational campaign against food faddism utilizing the new food lines, the education program and the proposed labeling system.

Recommendation No. 9: Soil bank utilization for home gardens

Many rural, landless families, suffering from malnutrition, live near farmland held in the Federal Soil Bank.

It is recommended: That the Federal Soil Bank legislation be amended to entitle persons to raise foods for personal consumption on soil bank land.

Recommendation No. 10: Funding

It is recommended:

1. That as a sincere expression of the national commitment to solving the problems of nutrition and poor health among the elderly, the President vigorously support Federal action to provide adequate funds for immediate and realistic implementation of all the aforementioned recommendations.

2. That evaluation designed to insure the efficient, effective utilization of these funds be incorporated into every program derived from these recommendations.

Recommendation No. 11: Implementation

It is recommended:

1. That action to implement each of the Panel's recommendations be initiated immediately.

2. That the President immediately establish a mechanism to give leadership to their effective development and to the continued monitoring of progress on each recommendation. Responsibility for implementation of these recommendations should be turned over to existing agencies and the coordination and communication among these agencies guaranteed by authority exercised through the Office of the President of the United States.

3. That the forthcoming White House Conference on Aging (November 1971) include a review and evaluation of progress on each of these recommendations as part of the responsibilities of a Panel on Nutrition with the objective of providing recommendations for further action.

COMMENTS OF COMMUNITY ORGANIZATION TASK FORCE—PANEL 11–4 : THE AGING

The task force felt that residency and citizenship requirements for old age assistance should be done away with. The task force also felt social security benefits should be fully retroactive back to the time of first eligibility for those belatedly applying for benefits. Both of these suggestions were ignored by the Panel on Aging.

Mr. HUTTON. I can no more explain the omission of these important recommendations of the Conference Panel on Aging than I can account for President Nixon's delay in seeking to implement the proposals made at the Conference.

May I talk about the additional 11 recommendations? I want to bring to your attention recommendation No. 10 of the White House Panel on Aging in which, on the question of funding it said:

> **It is recommended that, as a sincere expression of the national commitment to solve the problems of nutrition and poor health among the elderly, the President vigorously support Federal action to provide adequate funds for immediate and realistic implementation of all the aforementioned recommendations.**

And recommendation No. 11 dealt with implementation itself. It said:

> **It is recommended that action to implement each of the panel recommendatons be initiated immediately, that the President immediately establish a mechanism to give leadership to their effective development and to the continued monitoring of progress on each recommendation. Responsibility for implementation of these recommendations should be turned over to existing agencies and the coordination and communication among these agencies guaranteed by authority exercised through the Office of the President of the United States.**

Finally, the recommendations on implementation pointed out that the forthcoming White House Conference on Aging which is to be held in November 1971, then include a review and evaluation of progress on each of the recommendations as part of the responsibilities of a panel on nutrition.

To return to my submitted testimony, in the area of nutrition, the problem of the elderly is often an inadequate understanding of nutritional values, but even if all elderly persons had this knowledge, millions lack cash they need to use it.

This is documented in a penetrating report on the poverty of the elderly issued last year by the Senate Special Committee on Aging, entitled "Economics of Aging: Toward a Full Share in Abundance: A Working Paper."

A task force of economists consulted by the Senate committee found that three of every 10 elderly persons are sunk in poverty, that half the families whose head is age 65 or over have less than $4,000 annual income, that a fifth of these families have an income of less than $2,000 a year, and that the overwhelming proportion of people living in retirement receives total pension income—including public and private earnings—measuring from 20 to 40 percent of their average earnings in the years prior to retirement.

An 81-year-old man living in San Francisco, Calif., recently wrote the National Council headquarters that he receives a social security check of $111 a month, his only income, and that out of it he must pay $60 a month rent, $22 a month for prescription drugs, $2.25 a month for a daily newspaper, and $5.30 a month for medicare part B (doctor) insurance. That leaves him, he said, approximately $30 a month or a little over $7 a week for meals.

He wrote, "I would like someone to tell me how to live on this."

It is difficult to see how a person in this elderly gentleman's circumstances can have a balanced diet and be well nourished. As I have observed, millions of low-income elderly are similarly situated.

Ralph Nader, the consumer protection advocate, has testified before the Senate Select Committee on Nutrition and Human Needs that 20 percent of the dogfood sold in the United States is consumed by human citizens.

This has been a subject of discussion in our executive board meeting on many occasions. We know of elderly people who are so impoverished and have so little money and such lack of knowledge that they buy dogfood because it seems to be the best food available at the money they have.

H.R. 17763 would provide at least one low-cost, nutritious meal served hot in a school or a community center for the elderly every day.

It would also provide them with nutritional information as part of counseling and recreation programs.

Significantly, it would give staffing preference to qualified persons aged 65 or over.

I think this is a real help. The elderly can reach other elderly in a way if you use younger people it is more difficult.

Improper nourishment and ill health and disability become a vicious spiral for many poor, especially the elderly poor. Centers proposed under H.R. 17763 would help many elderly receive the proper nourishment and thereby promote good health.

Because of lack of sound knowledge on what is best to eat, many elderly are persuaded to adopt dieting foods. Those who go in for diets are convinced they can improve their health by eating more of a particular food item or, conversely, by not eating a particular food item.

A great many letters received from National Council members across the Nation indicate that many elderly eat poorly because they live alone, have difficulty preparing their meals due to inadequate kitchen facilities, and find shopping for food a great burden, and some of them have chronic conditions of the aged.

Eighty-five percent are suffering from one or more chronic conditions and bad sight, bad foot care, so they find shopping for food a great burden.

Letters to the National Council headquarters tell of frequently living on cereals and other easily prepared foods items that are high in carbohydrates and low in protein, minerals, and vitamins.

The low nutritional value of many processed cereals is attested by Robert B. Choate, one of the chief organizers of last year's White House Conference on Nutrition, in his recent statement at a hearing before the Subcommittee on the Consumer of the Senate Commerce Committee.

Choate said the nutritional value of 40 or of the 60 cereals he studied is so low "they fatten, but do little to prevent malnutrition."

Dr. Maurice Linden, medical director of the Jefferson unit of the Philadelphia, Pa., State Hospital, has reported that 95 percent of 1,500 elderly patients who were hospitalized there for psychiatric reasons, returned to the community after an average stay of 41 days.

Good diet was credited by Dr. Linden as a major factor in their recovery.

Elderly patients at the hospital respond amazingly to a good meal after having lived on tea and toast, Dr. Linden said. The great need for meal service programs for the elderly arises, according to Dr. Frederick J. Stare, professor of nutrition at Harvard University, from the tendency of the elderly to restrict their food intake to a few items.

Food service centers contemplated under H.R. 17763 would assure the elderly a balanced diet made up of a variety of foods.

And variety in the choice of foods is the basis for any sound nutrition, Dr. Stare insists.

The malnutrition of large numbers of elderly persons presents a paradox. Often, they restrict their diets, thereby risking their health, to have money for medicine they need to promote health.

This will be always true. So many of our older people who need drugs to relieve the pain for example of crippling arthritis such—have such low income—we have only $115 average social security income—and they must make a cruel choice between buying food to keep body and soul together or buying drugs to kill the pain.

I would hope we could do something in both of these areas very soon. It is high time we had action and not the kind of rhetoric that we are getting, particularly at this time of year.

Malnutrition is a hideous blight in a Nation as productive as the United States, and it is responsible for much disability and illness, as expert after expert has testified at hearings of the U.S. Senate Select Committee on Nutrition.

H.R. 17763 is well designed to meet the urgent nutrition problems of the elderly. It is a pioneering program that has long been needed.

The National Council of Senior Citizens appeals for early action on this outstanding program.

I might add, Mr. Chairman, that I was extremely impressed by the testimony of Sandra Howell the previous speaker, both in the excellence of the study and the sincere questions she asked. I would support her contention that the Department of Agriculture is not the best place in which to put this program.

I do believe that it would be more properly located in the Administration on Aging or Department of HEW, which is much more concerned with all the problems of the whole person.

The Department of Agriculture, however it may be in many other areas, has not been notably prominent for its work on behalf of the elderly.

Mr. BRADEMAS. Thank you very much, Mr. Hutton. As usual, you have given us a most informative and eloquent statement. Just a couple of questions. You have already answered one of them with your observation that you feel the program should be administered not through USDA but through AOA.

Another question is that of the eligibility for participation in the programs. My question is, would you confine the program only to the economically disadvantaged or should all of the elderly be eligible to participate?

Mr. HUTTON. I would not confine myself merely to the elderly poor. There are many other elderly who have helped to build this Nation and make it great and who would benefit almost as a matter of life and death, from programs such as this. I think it would be unwise to limit the program to the poor but in our national priorities, that is where you would go first.

Mr. BRADEMAS. Do you think, in general, older persons would prefer to see a program of the type represented by this bill, or would they prefer to see increases in funds under existing food stamp programs by these distribution systems?

Mr. Hutton. More and more are we getting evidence that supports the whole concept of a hot meal which the elderly do not need to prepare themselves. A meal where they can get together with each other—enjoy the social advantage of meeting with each other, getting out together. This kind of service is socially so vital, so lifegiving, to them. It was definitely stressed in the White House Conference on Nutrition that the bringing of older people together for a public meal in a social setting was more advantageous healthwise than the mere nutrition that they are getting.

Mr. Brademas. My final question has to do with the provision of personnel who would be trained to administer such programs, particularly at the community level.

Do you have any, from your experience, comments on that particular problem?

Mr. Hutton. Yes; I do. The National Council of Senior Citizens for the past 2 years has operated a "Senior Aides" program under contract with the Department of Labor, financed to the extent of $3½ million, in 19 cities throughout the United States. In each of these cities we contract through a local organization or mixture of organizations, which must be nonprofit, and employ some 60 elderly people in various types of community service. Some of them are already in Meals on Wheels or institutional feeding programs.

Others are acting as senior aids in libraries, schools, in outreach programs. For every one person so employed we now have more than 10 other people waiting in line to get a job—older people, not only who need the job for econmic survival but who need a job therapeutically to keep themselves healthy.

There are thousands of elderly people who could perform these tasks and who are willing to learn. The mind does not stop at 65. It goes on. Many of these people have a vast and wonderful experience. In fact, I believe our older people are a vast untapped natural resource which this country must and should use as soon as possible.

Mr. Brademas. Mr. Steiger?

Mr. Steiger. I have no questions. I want to thank you for a very eloquent statement. It is always good to see you.

Mr. Brademas. Our final witness this morning is another old friend of this subcommittee and of the Older Americans Act program. He was the Administrator of the Administration on Aging and he has already given splendid leadership over a wide range of concern to the elderly.

The subcommittee is very pleased to welcome Dr. William Bechill, assistant professor, the University of Maryland, School of Social Work and Community. Mr. Bechill, we are glad to have you with us this morning.

Dr. Bechill. Thank you, Mr. Brademas.

STATEMENT OF DR. WILLIAM BECHILL, ASSISTANT PROFESSOR, UNIVERSITY OF MARYLAND, SCHOOL OF SOCIAL WORK AND COMMUNITY

Dr. Bechill. It is a pleasure to be here again. I want to thank you for this opportunity to appear in support of the objectives of H.R. 17763, which you Mr. Pepper, and several other Members of the House have introduced.

In my judgment, a national nutrition program of the nature and scope set forth in the bill is a vital measure that would be of very substantial benefit to many older people.

I am particularly glad that you and Mr. Pepper and others have taken the leadership in bringing this proposal to the attention of the Congress. In doing so, you are putting some flesh and reality to the recommendations already made on this approach by the 1969 White House Conference on Food, Nutrition, and Health and by the April 1970 Report of the President's Task Force on Aging.

While strongly endorsing the objectives of H.R. 17763, I do wish to propose today, for your consideration, some changes in the bill, changes that it is hoped would clarify and strengthen certain administrative provisions of the bill, including giving the Administration on Aging and the State agencies on aging a clearer and much more explicit role in the development and operation of the proposed program.

Before turning to these recommendations, I want to comment on the pilot program for food and nutrition services that has been conducted by the Administration on Aging, over the last 3 years or so.

The pilot program was conceived and I believe was implemented with several broad purposes in mind. First we wanted to test out the feasibility of delivering a variety of nutrition and other services through a variety of organizations and facilities available at the community level.

A particular objective here was how to utilize such facilities already serving or working with older people, but also to gain experience with the use of more general community facilities such as public schools, churches, and community centers.

Second we were equally concerned with the social as well as the physical aspects of nutrition, and hence emphasized the provision of meals in social settings that would enhance the involvement and participation of older people.

Third, out of the national pilot, we wanted to again gain some experience with the specific ways food and nutrition services could be delivered to the older population with a particular reference to the older poor and those living in inner city areas or isolated rural areas or small towns.

Fourth, through a pilot program, we wanted to demonstrate how older people themselves could be involved in the planning and provision of food and nutrition services.

Fifth, conscious of the lack of information about nutrition and diets, that exists among the general population, a nutrition and consumer education component was built into each demonstration.

Finally, since it again was a pilot program, an additional purpose was to develop a data base and an evaluation of the various programs that could be useful in any further efforts to improve the nutrition of older people through a food delivery system.

I have elaborated on these objectives, Mr. Chairman, since it seems important to stress that the lack of adequate diets and poor nutrition among older people result from a number of factors.

Inadequate income, of course, is the principal factor for many. But, for others, irrespective of income levels, the contributing reasons are loneliness, social withdrawal, poor health, or lack of transportation or the ability to get around in the community to purchase food at a store or a restaurant.

The title IV pilot program was conceived with these broad social considerations rather than the simple provision of meals, as basic and important as they are.

I do not intend to comment on the results of the title IV pilot program, except to say that my initial and present impression is that it was, on the whole, successful. It is my understanding that the staff of the Administration on Aging is in the midst of a final evaluation of the demonstration, and that some of their conclusions will be included in the testimony of Commissioner Martin when he appears before you next week.

Let me turn now to some specific recommendations. First, and a critical point, Mr. Chairman, I would like to propose that a greater role be assigned to the Administration on Aging in the actual development and operation of the program than is now included in the bill.

The bill's present provisions in section 702(a)(3) indicates only that the Secretary of Agriculture shall consult with the Administration on Aging. It is not clear even for what purpose such consultation shall be given.

I would submit that this is too minor a role to be assigned the Administration on Aging, the agency that has had the actual experience of developing and nurturing the kinds of services that are to be authorized in H.R. 17763.

Ideally and to be quite candid with you, I think the major responsibility for the administration of the proposed program should be placed with the Department of Health, Education, and Welfare.

I can recall that, at one point, Secretary of Agriculture Hardin and the former Secretary of Health, Education, and Welfare, Mr. Finch, in testimony before the Senate Select Subcommittee on Nutrition and Human Needs indicated that the policy of the administration was to work toward the consolidation of all food and nutrition programs within HEW.

While that policy may still be evolving, it impressed me, at the time, as a most constructive decision. Within this context, the committee may wish to give some consideration to authorizing a joint program between the two departments as an interim step, or at the very minimum, language that would clearly assign a really greater role initially to the Administration on Aging than the relatively minor function of consultation now represented in the bill.

Another related change is the need to clarify what agency is intended to administer the program at the State level. Section 70 (a)(1) indicates that the administration of the program at the State level shall be "the agency primarily responsible for coordination of State programs and activities related to the purposes of this act."

Construed literally this could mean the State agency responsible for the food stamp or commodity food programs. I would urge that this responsibility at the State level be lodged with the State agency which is responsible for the administration of the title III provisions of the Older Americans Act, such as a State commission on aging.

Third, if such is the intent, clearer provision should be made in the bill for the costs of administration that the State agency will assume.

Section 705(a)(B) now provides that the amount for administration and planning be based on a sum jointly agreed upon by the Secretary and the State agency.

At the risk of offending some of my former and present colleagues in government, I think a specific dollar limit on administrative expenses should be established.

It should be one that is based upon a staffing pattern that minimally purchases the services of a nutritionist and necessary program management and technical assistance personnel. By all means, the bulk of the funds for this type of program should go for the direct services that are intended.

My final recommendations can be summarized briefly, Mr. Chairman. These are to insert language in H.R. 17763 that would (1) place a high priority and preference on the funding of programs in communities and areas of a State where there is a high concentration of older people living in poverty or on low incomes; and (2) require States to work toward systematic statewide coverage of the type of program that would be authorized under the bill.

As I stated earlier this is a vital piece of legislation. The bill as proposed has many excellent features, such as the emphasis given to the employment of older people in the delivery of services, the need for outreach services, the provisions covering training of personnel and the recognition of the importance of social services and transportation as a part of a meal delivery system.

It impresses me as one sensitive and sensible response to the problem of nutrition and inadequate diet faced by so many thousands of older people at the present time. I respectfully urge its adoption by the Congress.

Mr. **Brademas.** Thank you very much, Dr. Bechill. Yours is a splendid statement. I have some questions I want to put to you but first I want to yield to the gentleman from Wisconsin.

Mr. **Steiger.** It is good to see Dr. Bechill here. I must say I am not only impressed by his statement but by his objectivity.

I have a number of questions which I would like to ask of you but since I have an appointment at 11, I will leave my questions with Dr. LaVor and turn it back to the chairman.

Mr. **Brademas.** I am very impressed by your specific recommendations. You may not be aware of the fact that I have put to other witnesses the questions of the proper agency for administering the new nutritional program that the bill contemplates.

I am very sympathetic with the point made by almost every witness that it ought not to be in Department of Agriculture but in the Administration on Aging because this is not a farm bill.

It is a bill aimed at improving nutritional programs for older persons and therefore ought to be focussed, as I view it, and I am sure Mr. Pepper would agree with what I am saying although I do not know what he would say with respect to where the administration ought to be, but it should be focused on the elderly.

I take it that your second recommendation is in a sense an effort to have the State patterns of administration conform to your first recommendation. So you would want whatever State agencies have responsibility for administering programs which focus on aging to also have responsibility for carrying out this program.

In line with the logic of my first observation, is that a correct assumption?

Dr. **Bechill.** Yes, sir; that is right, Mr. Chairman.

Mr. **Brademas**. Are there now any States in the country that do not presently have any State agency for administering programs under the Older Americans Act?

I know Indiana moved in early this year.

Dr. **Bechill**. I think virtually every State has a State agency. I believe there may be one or two that do not. I am not as up to date on that as I should be. But virtually all do.

Mr. **Brademas**. Have you any observations on related matters, namely the extent to which State funds are presently providing nutritional programs for the elderly?

Dr. **Bechill**. Under title III of the Older Americans Act?

Mr. **Brademas**. No; it could be under States. Have States in this country done in effect within their own State borders what this bill would seek to implement on a nationwide level?

Is there a Pepper program in the State of California? I know there is in the State of Florida because we went down there and asked.

Dr. **Bechill**. No, Mr. Chairman, there really is not any State that I could point to that has developed a program similar to the one outlined in the bill. There have been communities, relatively few in number, that have funded food service programs using funds available to them under title III of the Older Americans Act through the formula grant program.

But the actual number of such communities programs would be very small.

Mr. **Brademas**. I am not in all candor surprised to hear that. We are all accustomed to a good deal of rhetoric about States rights in American life, but we are equally accustomed to a failure on the part of many State leadership roles to exercise the States' responsibility in fields of this kind.

I was astonished, during our Miami hearings, to see how in a State which has I dare say a higher percentage of retired persons than most other States of the union, how very little State tax dollars are allocated to programs for the benefit of the elderly.

It seems to me absolutely extraordinary, and indeed if I were not otherwise preoccupied this fall, I thought of announcing my candidacy for State Governor in Florida.

I have had indications of support while I was down there.

Dr. **Bechill**. I have a number of relatives in Florida who would be delighted if that were the case.

Mr. **Brademas**. My final observation has to do with your recommendations for placing a high priority on funding of programs in communities and areas where there are to be found high concentrations of the elderly poor.

I think you are the first witness to have made that suggestion and it does seem to me to be a very sensible one, and I hope that our subcommittee will take it into account.

I am not quite as clear on the second recommendation that you have made, in which you would hope that we insert language requiring States, to quote you, "work toward systematic statewide coverage of the type of program that would be authorized under the bill."

Would you elaborate on that a little?

Dr. **Bechill**. Yes, I think that at first glance, Mr. Chairman, they do look like they are somewhat contradictory recommendations. They are not intended to be. The first could be worked in as one of the requirements of the State's plan to qualify for the Federal funds under the bill as proposed.

I must say that I am very concerned that in a program of this kind, when you look at the problems of malnutrition and lack of income and inadequate diet, that we indicate this kind of priority toward the elderly poor. There are areas of any State that you go into where a program of this kind ought to be initially launched or initially considered for operation.

The second recommendation, moving toward some systematic statewide coverage, is intended to correspond with some of the thinking behind the statewide planning and coordination provisions that are already in the Older Americans Act which would request the States to look at the entire needs of the State in a program of this kind and attempt to move toward a more or less uniform kind of coverage on some systematic basis. This was viewed as a long-range goal that I thought would be desirable, Mr. Chairman.

Mr. Brademas. Thank you very much, Dr. Bechill. The Chair would like to recognize for the purpose of putting a number of questions that Mr. Steiger had wished to ask, the distinguished minority counsel of the subcommittee, Dr. LaVor.

Dr. LaVor. Do you think the grant approach is the best way to get the most out of the resources we will have to put into a program of this type?

Dr. Bechill. Yes, I do. I cannot think of an alternative approach that at the moment is quicker in trying to achieve the objectives of this particular program. Also I think the grant approach is necessary by the very fact a very strong Federal intervention is needed here, if you will, and a strong Federal commitment is necessary.

Dr. LaVor. Considering that grants are made on a yearly basis don't we always face the uncertainty of going unfunded , of not being or having grants renewed?

Dr. Bechill. The problem of continuing support is one that always confronts us, as far as I can see, on a number of formula grant programs in the Federal Government.

This program ought to be developed in a way that there be continuing support for this kind of activity. I would hate to see Congress encourage the Nation and particularly the States in the Nation to go into any kind of program then of this type without some kind of permanent commitment, even though I fully realize, as you do, that in most of our formula grant programs there are authorization levels and time limits for expiration of legislation pending further review by the Congress of the need for extension.

Dr. LaVor. Do you think it is necessary to have a 90/10 matching formula realizing that the legislation pending before us specifies that funding up to the 90-percent level may be provided. Would this extensive funding discourage local organizations or government from seeking private sources?

What mechanism could be put into legislation to encourage greater non-Federal support of feeding programs for older persons?

Dr. Bechill. I think that the 90/10 formula, probably was arrived at in recognition of the urgency and the severity of this type of need.

Ordinarily, when Congress wants something done, it will put this kind of matching formula forward. Now, I do not believe that a 90/10 matching formula or 80/20 or whatever, necessarily discourages local support.

There perhaps may be a need to recognize that the local community at this point in time needs to have some guarantee. Perhaps in the regulation that would be developed in programs, some emphasis might be given in placing a requirement on the local community that their 10-percent matching be of a relatively hard nature, either in the form of cash or facilities but something of substance.

Dr. LAVOR. You mention the word "requirement." Is it possible, based upon your experience, to find any mechanism that we might include in the bill which might provide an incentive feature to a local community in order to encourage them to provide funds, not only from community but private sources as well?

Dr. BECHILL. I cannot really off the top of my head think of an incentive. I think the greatest incentive is the guarantee of the Federal dollar being available to build the program over a specific period of time and not create some of the uncertainty that has been experienced in other formula grant programs.

Let me elaborate on this. If this is not the case then another kind of philosophy prevails, you are not building anything permanently into the community.

Dr. LAVOR. Based on your experience, how many people do you think might participate in a program of this nature? How much would it cost then to estimate the budgetary needs of the program? In other words is it at all possible to project what the costs would be to just initiate this service?

Dr. BECHILL. I would have to defer your question. The question could be more satisfactorily answered by the Administration on Aging and their staff. I don't say this out of disrespect for you Dr. LaVor, or Mr. Steiger.

The very fact of the matter is that I do not have the resources available at the moment to cost out and make that kind of estimate. I could give you a very rough impression, but I think it would be very inaccurate.

It is the kind of question that ought to be directed to the Administration on Aging. They have the data. They have been looking at the experience coming out of title IV. I have not had that opportunity in recent months.

Dr. LAVOR. It was not intended as a loaded question but merely an attempt to benefit from your past experiences.

Dr. BECHILL. I know that. I also want to give you a very honest reply. I would rather not commit myself to a firm figure as to the numbers of people that would be served or some of the costs that would be involved.

Mr. BRADEMAS. Thank you very much. Dr. Bechill. We appreciate greatly your excellent statement and your recommendations.

The Chair would like to announce for the benefit of those who are interested in this particular legislation that there will be hearings conducted in the State of Indiana on Saturday of this week, first in South Bend and then in Elkhart, on H.R. 17763.

The Chair would like also to announce that there will be hearings on the bill conducted in this room on Thursday, September 24 at 10 o'clock at which time Mr. John B. Martin, Commissioner of the Administration of Aging and Special Assistant to the President, will be the opening witness followed by Stephen P. Simonds, Commissioner of Community Services Administration, Social and Rehabilitation Service, followed by the Honorable Richard Lyng, Assistant Secretary of Agriculture, Consumer and Marketing Services of the Department of Agriculture; and Dr. Thomas Bryant, Assistant Director of Health Affairs, Office of Economic Opportunity.

The subcommittee is adjourned.

(Whereupon, at 11:10 a.m., the subcommittee adjourned, to reconvene at 10 a.m., Thursday, September 24, 1970.)

OLDER AMERICANS ACT AMENDMENTS FOR NUTRITIONAL SERVICES

SATURDAY, SEPTEMBER 19, 1970

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
South Bend, Ind.

The subcommittee met, pursuant to notice, at 9:25 a.m., in North Side Hall, Indiana University Center, South Bend, Ind., Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Reid, and Hansen.

Also present: Jack G. Duncan, counsel; Arlene Horowitz, staff assistant, and Marty LaVor, minority legislative coordinator.

Mr. **Brademas.** The subcommittee will come to order.

I am most pleased to have the opportunity to bring the House Select Subcommittee on Education to the Third Congressional District for public hearings on H.R. 17763, a bill to amend the Older Americans Act of 1965 to provide for Federal incentives to States for the purpose of providing low cost, nutritionally balanced meals for the elderly.

In particular, I am glad to welcome to Indiana two of the ablest members not only of this subcommittee but of the entire House of Representatives, my colleagues from New York, Ogden Reid, and Idaho, Orval Hansen.

Few Members of Congress are so widely respected on both sides of the aisle as are they and I count it an honor to have them here in the district I represent in Congress.

Last year's White House Conference on Food, Nutrition, and Health, and the White House Conference on Aging both pointed to the need for more adequate nutritional programs for older Americans.

The problems of providing an adequate diet for elderly citizens has a number of root causes. As the bill notes, some of these difficulties are caused by inadequate income, others, perhaps, by the older citizen's absence of skills to choose and prepare well-balanced meals; still others, by his limited mobility or by the absence of incentive to eat properly because of feelings of loneliness or rejection.

The older person can be subject to the depression that results from being forced to retire from a productive role in the community. He can find himself robbed of friends, close relatives and neighbors by death, time, and change. The infirmities of age can make the pace of urban life seem menacing, so that he or she is afraid to seek what little opportunity exists for forming new associations and seeking help with various problems.

In this atmosphere, many older persons are unable or unwilling to prepare balanced meals. Therefore, through loneliness, lack of mobility or poverty, they fail to enjoy the optimum health and vigorous years of which they are capable.

The results are frequently an accelerating feebleness, a sense of despair, and an old age devoid of joy and dignity.

The bill we are considering today would seek to attack the growing problem of malnutrition among the elderly by:

First, establishing a nutrition program which would guarantee at least one hot meal a day for persons 65 years of age or older;

Second, furnishing a site for the nutrition programs in as close proximity to the eligible individuals' residence as feasible;

Third, utilizing administrative methods that would assure that the maximum number of eligible individuals would have the opportunity to participate;

Fourth, providing a setting conducive to expanding the nutritional program to include recreational activities, information, health, and welfare counseling and referral services; and,

Finally, providing the training necessary for personnel to carry out the program.

We are fortunate to have in the Third District of Indiana a number of persons intimately acquainted with the problems of older Americans.

The members of the House Select Subcommittee on Education have come to South Bend and Elkhart to receive the counsel of these persons and to hear their suggestions for strengthening or improving this legislation.

In South Bend this morning we shall hear from Mrs. Wilma Polkow, chief nutritionist at Memorial Hospital in South Bend; Miss Regena Marsh, executive director of the Meals-on-Wheels program; Dr. Frederick Kuhn; Mr. Lester Fox, executive director of the United Health Foundation and REAL services; and Mrs. Hazel Burnett, the executive director of the Dairy Council of St. Joseph Valley.

In Elkhart this afternoon, in the Elkhart Public Library, we shall be hearing from Miss Martha Spurgeon, director of public welfare; Mrs. William Atwood, director of Meals-on-Wheels; Mrs. Florentine Warskow, president of a senior citizen's club; and Ivan Weaver, manager of Green Croft Village in Goshen, Ind.

As our very first witness this morning we are very pleased to welcome Mrs. Hazel Burnett.

Mrs. Burnett, please come forward and have a seat. We will be glad to hear from you.

STATEMENT BY HAZEL BURNETT, EXECUTIVE DIRECTOR, DAIRY COUNCIL OF ST. JOSEPH VALLEY, INC., INVITEE TO THE WHITE HOUSE CONFERENCE ON FOOD, NUTRITION, AND HEALTH, DECEMBER 1969, AND MEMBER OF INDIANA COMMITTEE ON PROFESSIONAL IMPLEMENTATION OF THE WHITE HOUSE CONFERENCE RECOMMENDATIONS

Mrs. BURNETT. Thank you, Mr. Chairman. Members of the committee, I appreciate this opportunity to appear before you.

Since the White House Conference last December, I have made approximately 40 reports to community, industry, and professional groups in north central Indiana and at State meetings.

I also participated in the review sessions at the American Home Economics Association in June 1970, in Cleveland on the implementation of recommendations made by the 27 panels and action groups of the White House Conference.

Although I received the final report of the White House Conference on May 18, there was an omission of the recommendations of the final report in panel II (the section devoted to establishing guidelines for the nutrition of vulnerable groups with special reference to the poor, group 4: The aging).

Recommendations that were omitted did not reach me until September 8 accompanied by a letter from Mr. John R. Price, special assistant to the President.

Mr. Price's final paragraph of that letter on White House stationery said:

> Many States have now held their own conferences on food, nutrition, and health, and more of these conferences are being planned.

Indiana is not one of these States.

In early March of this year, Governor Whitcomb had a letter from the White House urging him to take the lead in implementing a nutrition program in Indiana.

On March 30, 1970, I had the opportunity to discuss this letter with Governor Whitcomb. No State action has been taken up to this time.

The steps already taken in national legislation have been most meaningful, particularly as relate to school lunch, amplification of the food stamp program, distribution of commodities program, and funding special study projects.

I recommend that the report reference the White House Conference on Food, Nutrition, and Health Final Report Panel II–4 be made a part of this testimony. Accompanying this prepared testimony is a condensation of the recommendations of the White House Conference in "Nutrition News" prepared by National Dairy Council.

The following comments will refer specifically to the H.R. 17763 bill introduced by Mr. Pepper, May 21, 1970.

Inasmuch as the Food and Nutrition Service of the Department of Agriculture has had an impressive record of service, I would agree with the administration of pending legislation to provide a nutrition program for the elderly could well be handled by this Service despite the insistence of certain task force groups at the White House Conference to remove all food programs from U.S. Department of Agriculture and place them in the Department of Health, Education, and Welfare.

The framework of this Service can easily be adapted to include new services. However, there should be close liaison with the Administration on Aging of the Department of Health, Education, and Welfare. Under "State Plans," section 705(a)(1), referring to establishing "a single State agency as the sole agency for administering or supervising the administration of the plan," I would like to suggest some considerations:

In many States, the school lunch program has been well structured to handle groups feeding in centrally located sites such as schools, primarily, but also in community centers and churches.

Since the administration is already established, the addition of administrative personnel could be quite easily handled.

Some experienced school lunch administrators, with whom I have discussed this, have commented that preparing, serving, and delivering a hot meal 5 days per week is not very difficult. They have commented that they hope that the recordkeeping and form filling be kept to a minimum.

In reference to this, I have visited the South Bend Western Avenue Hi-Rise housing for aging tenants. Mr. Jesse Dickinson agrees that housing solves only the housing problem and "there are still many unmet needs, proper food being only one."

As an example, food delivery from stores, dairies, and other types of food sources are difficult. Milk delivery is made once each week on Thursday.

Mrs. Geraldine Johnson, social worker aide, canvasses the apartments each Wednesday so that tenants may place their orders and pay her for the milk that they receive on Thursday. On the average, 40 people avail themselves of this service. Some tenants are on special diets, most are ambulatory, some have difficulty getting to stores only a block or two away. The milk orders vary, with heavier orders coming early in the month when pension checks arrive and are lighter at the end of the month when cash resources have dwindled.

The nutrition aides working in St. Joseph, Marshall, and La Porte Counties report that fixed costs such as rent and utilities must be paid, and food is the item most often reduced below bare necessities.

To insure the improvement of nutrition, a system of reimbursement using food stamps or coupons or a kind of credit card would enable the elderly to participate in a meal program throughout the month. It could be administered on an ability-to-pay plan similar to the guidelines setup which are being used to provide free or low-cost school lunches to schoolchildren.

Education, information, and counseling should be administered to limited-income people to enable them to better avail themselves of existing programs of food stamps and commodity utilization. Programing this auxiliary service should be an integral part of the plan of a State agency designated for administering and supervising a nutrition program for the elderly.

Many people I have interviewed from all income levels concerning nutrition education have questioned whether elderly people will change long established food habits. This seems to be confirmed in Agricultural Economic Report No. 185, "Propensity for Change among the Rural Poor in the Mississippi Delta: A Study of the Roots of Social Mobility," and this was produced by the Economic Research Service, U.S. Department of Agriculture, in cooperation with Louisiana State Agricultural Experiment Station, Louisiana State University, published in June 1970.

This study points out on page 20 that "Propensity for change decreased with age." The findings in this study also indicated that—

> Meaningful social action programs should be developed for individuals unlikely to change. Older individuals need opportunities which do not require some type of action or change in mode of living on their part.

Since others are testifying this morning on present programs in St. Joseph County such as Meals-on-Wheels and a central lunch program, I will not comment on those angles.

A nutrition program as is outlined in H.R. 17763 must be, and I emphasize this point, must be administered by trained, qualified administrative personnel. There is a shortage of dietitians, nutritionists, and institution managers with a nutrition background in the country today, particularly in Indiana.

I would like to call to the attention of the committee that there are 150,000 trained home economists in the country that are not now employed.

This is a formidable resource for voluntary assistance or paid full- or part-time work that could easily be tapped. The American Dietetic Association and the American Home Economics Association have access to the names, residences, and classifications of these people.

On page 16 of H.R. 17763 under "Miscellaneous," section 711, firm guidelines need to be established with regard to agreements with profitmaking organizations to carry out the provisions and purposes of this title.

The basic altruistic aims of a nutrition program for the elderly must be maintained. Profitmaking at the expense of the poor, low income, and the elderly, particularly, is a national disgrace.

Instances have been well documented by those appearing at the White House Conference committees.

As the bill now reads, funds will be withheld until the Secretary is satisfied that there is no longer any failure to comply with the provisions of the title.

I would suggest bonding be required so that any profitmaking organization will have a vested interest in upholding high standards of nutrition and service.

Mr. Brademas. Thank you very much, Mrs. Burnett.

It is a most useful statement.

The Chair recognizes the gentleman from New York, Mr. Reid, who will open the questions.

Mr. Reid. Thank you, Mr. Chairman.

I appreciate your thoughtful testimony, Mrs. Burnett. I have been reading Nutrition News which you have given us. Just how many senior citizens do you have in your eight counties?

Mrs. Burnett. It would range approximately 10 percent of the total population.

Mr. Reid. How many people in the total population of this area?

Mrs. Burnett. Over 700,000 people.

Mr. Reid. So we are talking about 70,000 people, approximately?

Mrs. Burnett. Or 65,000; yes.

Mr. Reid. What percentage of those suffer from deficiencies in nutrition or serious malnutrition?

Mrs. Burnett. It varies. We have not had a nutrition survey such as the one made in Michigan, Ohio, and Iowa.

Mr. Reid. Would you informally care to give an estimate?

Mrs. Burnett. The people I have talked with and who work with people's problems of nutrition have really written in and called in saying, yes, there is a need here. Now to what extent this would be, I could only make an educated guess.

My guess would be the number of people that would benefit by this would be one-fifth of that number.

Mr. **Reid.** How much of the problem is an ambulatory problem and how much is financial; in other words, the people could get to a center provided there was a place where they could get to hot food?

Mrs. **Burnett.** It is what I am suggesting along with the school lunch program: the school lunch program has the place and equipment and it is ordinarily a centrally located place.

I think the best people to answer you would be Mr. Fox and Miss Marsh, because they work intimately with the individuals involved in the program.

Mr. **Reid.** Some of it would have to be out-reach, some people would be unable to go to the center.

Mrs. **Burnett.** Yes.

Mr. **Reid.** Let me turn to your testimony. I think there are one or two points that are controversial; one is whether this program should be administered by the Department of Agriculture, with, of course, consultation, as you put it, with HEW, or whether one should go along with the White House recommendation that it would be administered by HEW.

Mrs. **Burnett.** That was the recommendation of the task force. They suggested it because of the legislative hangup, one; two, they felt that the programs were administered on the basis of farm surplus commodities rather than people need.

I know intimately many of the people who work in this particular area in Washington, and I know the need is their major consideration. We have discussed this many, many times.

Mr. **Reid.** Let me put the question a little differently. Why would you say the Department of Agriculture would be better equipped than HEW?

Mrs. **Burnett.** The machinery is already established and to avoid duplication.

Mr. **Reid.** Do you think the food and nutritionists are fully alert to the implicit problems of health?

Mrs. **Burnett.** I am positive of it.

Mr. **Reid.** Another thing I would like to ask you is whether you think this kind of a program should be enacted just for senior citizens or whether, in fact, we need more of a comprehensive nutrition bill or, to put it another way, a national nutrition policy?

Is it a mistake to establish a program piecemeal—some for the elderly, some for disabled, some for others—independent of a national policy?

I think the report here identifies pregnant and nursing women; children and adolescents, adults prone to degenerative diseases; the sick; the aging as groups for which the Federal Government has special responsibility.

Should we have an overall coherent program for all these people administered together, or should we set up separate programs, in your judgment?

Mrs. **Burnett.** This is a national responsibility; there should be no hunger.

Mr. Reid. I agree with that; what I am asking you is, from an administrative standpoint, whether you think it is wise to setup a series of separate programs or whether it should all be together in one, coherent program?

Mrs. Burnett. I believe if it is justifiable, then it could be for all people. It is well known setting up an arbitrary line of 65 means many of those under that have great need of it, would have to wait. Anyone hungry can't wait very long.

Mr. Reid. Thank you.

Mrs. Burnett. Thank you, Mr. Chairman.

Mr. Brademas. Mr. Hansen.

Mr. Hansen. Thank you, Mr. Chairman.

I want to express my appreciation for your participation this morning. You made reference to the percentage of senior citizens, those over the age of 65 of the population.

Does this percentage hold true in both urban and rural areas as far as you know?

Mrs. Burnett. Progress has gone by some of the rural counties. I know in an area like Elkhart County it is the largest area or income producing area and the average age of a dairy farmworker is much higher than it is with the other part of the population most of them averaging out to approximately 55 and 60. So, the rural area you will have a higher percentage of aged of those who would be qualified under this bill.

Mr. Hansen. I grew up on a dairy farm and spent a great deal of my early years milking cows the days before milking machines. I have had some exposure to the dairy business.

Mrs. Burnett. We had 1,900 dairy farms 9 years ago and there aren't 600 now.

Mr. Hansen. I was glad to hear your response because I think it emphasizes need to look at another group of older people. I am not sure this legislation effectively reaches. There are of course, substantial numbers of older people in rural areas.

The program anticipated with this legislation as with most programs really are best calculated to meet the needs of older people who live in a more concentrated area as this. It is cheaper on a per diem basis to provide food for large groups who are fairly close together.

Would you have any suggestion on any changes in this legislation or on any other types of programs that would respond to the nutritional needs of those in those areas that are sparsely populated.

Mrs. Burnett. Most of our rural areas are centered around a church or school community and the involvement of the people of that community the responsibility would certainly be emphasized and some sort of provisions could be set up perhaps to make and buy food for a church kitchen. I am sure it could do very well.

Mr. Hansen. Would the success of this program in the rural areas depend on your judgment in a large measure to the ability to mobilize available volunteer help that could be utilized in administering and implementing the program?

Mrs. Burnett. There are people well qualified to discuss this coming up after me and they will be discussing this later.

We have one woman who is a magnificent volunteer and I will not take one word from her testimony.

Mr. **Hansen**. Let me ask one question bearing on the point you made. You said there are approximately 150,000 trained home economists who might be available on some basis paid or part paid. Are they out of work?

Mrs. **Burnett**. They are not out of work. They are homemakers, they are raising children. We are trying to organize the home economists organizations in this country. Many of them have independent resources, not all of them are qualified to work in the area of nutrition, but it is an easily available source.

Mr. **Hansen**. It strikes me that is an asset of enormous value in designing programs.

We again appreciate your testimony.

Thank you, Mr. Chairman.

Mrs. **Burnett**. Thank you.

Mr. **Brademas**. I have one or two questions.

I, too, must say I am quite encouraged by your observation there are so many trained home economists in the country who might represent a valuable source of supply of trained persons to help make such nutrition programs effective at a local level.

I had not been aware of that and it is very encouraging indeed.

I was struck by your reference to the study which makes the point that the Mississippi Delta poor were not very willing to change their food habits.

Mrs. **Burnett**. There are others, Chicago has one, but I could not put my hands on it.

Mr. **Brademas**. The reason I refer to that, of course, is it might well be the case, might it not, that this would be a true observation with respect to the Mississippi Delta poor but might not necessarily be the case with respect to older persons elsewhere in the United States.

In other words, one ought not generalize from that rather unusual kind of situation for the whole country.

Mrs. **Burnett**. I don't know.

I would refer you to Miss Marsh. I am sure she will document it here.

Mr. **Brademas**. I just have one other question, an observation and a question. I was interested to see that at the outset of your statement you pointed to the omissions of the recommendations from the final report on the White House Conference on Nutrition as they relate to the aged.

This is an omission that I understand has now been corrected and indeed only this week we had testimony on this bill before a subcommittee in Washington. Mr. Huggin of the National Association of Senior Citizens called this fact to our attention. We did include in the hearing transcript the recommendations. We are very glad you called it to our attention as well.

The other point you mentioned was also news to me and follows the problem with respect to the White House recommendations and that is your observation that on March 30 you talked with Governor Whitcomb about the recommendation a State conference be held on the subject of food and nutrition and health following one of the recommendations of the White House Conference.

You say simply in your statement "no State action has been taken up to this time."

Can you enlighten us on that particular matter? I had not been aware of your correspondence or conversation with the Governor. What is the problem?

Mrs. **Burnett.** The machinery is available. Well, I am tempted to make a comment but I think none is necessary.

Mr. **Brademas.** I am distressed to hear that and I would hope that on a matter of this consequence, with 10 percent of the citizens in the State of Indiana being older citizens, I would hope that the Governor would take another look at the recommendation I believe you and your associates have put to him and would call at the earliest possible time a State conference on nutrition and health as the White House conference has recommended. It would seem to be very much in order.

I would certainly do everything possible to give the Governor cooperation in the event he chose to call such a conference.

Mrs. **Burnett.** I have one more comment.

Mr. **Brademas.** Please.

Mrs. **Burnett.** At the present time in the entire State of Indiana there are only three community nutritionists. Since the closing of the area State board of health offices there are only now two community nutritionists, one working out of La Porte, working out of her apartment, and one working out of Fort Wayne. These are paid by the State board of health and what is no longer a division of nutrition but as a nutrition part of the health education division of the State board of health.

The only other community nutritionist is Theresa Samuels and she is working for the Marion County Health and Hospital Board. So, that is a very small number to work in such a large area.

Mr. **Brademas.** Thank you.

Your testimony has been most helpful. We are grateful for you having come.

Our next witness is Dr. Frederick Kuhn of South Bend.

STATEMENT OF DR. FREDERICK KUHN

Dr. **Kuhn.** My name is Dr. Frederick L. Kuhn. I have been engaged in the general practice of medicine with a special interest in industrial and preventive medicine. I have previously been the medical director of the Studebaker-Packard Corp. and am presently serving several large industrial firms in this area. Throughout my career I have had a particular interest in nutrition as a means of disease prevention.

The strength of our Nation is no greater than the physical and mental health of our people, and the health of our people is no greater than their nutrition.

When I speak of nutrition I refer to the adequate feeding of a body and mind. Nutritious food should be taken in a clean, happy environment. Emotions play a great part in the digestion and assimilation of nutrients, especially in the elderly person.

Nutrition in the United States today is in a period of transition and is rapidly becoming an important part of environmental medicine and health, taking its proper place within the framework of preventive medicine, industrial medicine and hygiene, public health and pollution control.

The National Vitamin Foundation has shown that many of our elderly citizens are not receiving proper nutrition by clinical and biochemical criteria. We can not say, just because there is such excess of food in America today that each citizen is well nourished.

There are different varieties of malnutrition to be considered. Much of the clinical malnutrition is "conditioned malnutrition" due to physical and mental stress. Today, we must not regard the science of nutrition as the study of deficiency diseases in poor and ignorant people, produced entirely by a lack of food.

Clinical nutrition has not yet gained status in the curriculum of our medical schools. Biochemistry during the past decade has focused its attention on cellular metabolism, while the internal medicine specialist is interested mainly in treating physical illness due to malnutrition after the diseases has occurred. These men must join efforts with the nutritionist in treating the whole man. They have each developed much knowledge within their own spheres, but few are correlating the vast quantities of research material.

The new concept recognizes that the many forms of malnutrition should be classed as metabolic diseases, and that good nutrition plays a role in the convalescence of practically every disease. Those who will handle cases of malnutrition must have knowledge of the interrelationship of trace minerals, vitamins, other nutrients and metabolites as they affect the reaction of the patient to the stress of disease.

It is no longer a question of deficiency disease, but one of metabolic imbalance which contributes to the individuals illness. With this in mind, obesity constitutes the most widespread form of malnutrition in the United States today.

Without trace minerals in the diet the body has difficulty in burning fat deposits in the walls of the blood vessels. A diet deficient in the important trace minerals such as zinc, copper, manganese, molybdenum, cobalt, iron, and iodine results in such diseases as atherosclerosis, decrease in the elasticity of the walls of the blood vessels, hyperglycemia, liver, and nervous disorders.

All age groups need trace minerals but the senior citizen has a special need for balanced nutrition. Think of the help we can give the elderly diabetic and arthritic. The improvement in the condition of the blood vascular system has decreased the incidence of coronary and vascular thrombosis. This fact would, in itself, be adequate cause to institute a program of at least one nutritious meal each day for our elderly citizens.

We have allowed the top soil of our land to be washed down our rivers and have tried to rebuild with fertilizers containing phosphates. The trace minerals so important to the intricate process of vitamin and nutrient metabolism and assimilation are diminishing from the fruit and vegetables we feed our oldsters. The trace minerals that have not been washed away are rendered less effective by the fertilizers in the soil.

This problem is really one of disturbed ecology, environmental health, and pollution control. The remedy is not easy, nor will it come quickly, but in the meantime we can keep many of our oldsters healthy and free of debility by supplementing their diets with oral trace minerals when deficiency of these most important elements is found to exist, for without them many vitamins are not utilized by the body even though present in the diet.

I would like to stress the importance of the social worker and psychologist as a part of our team. The elderly person often becomes self-centered. He should not be pampered. He should be well fed but should be given some of the responsibilities of the nutrition program itself.

Service centers should be within walking distance, yes, but those who can't walk should not have a tray slid under their door. We should not forget the importance of eating with someone.

A more agile oldster, especially a self-centered one, can gain much psychotherapeutic value in giving enough of his own time and energy to personally take part of the meals to these chair patients, talk to them, eat with them, and forget themselves. The governmental agencies need not be overly burdened financially in delivering meals to the borderline debilitates.

While a Flight Surgeon in the Army Air Corps I often saw our motto. There was a large eagle, and in one wing was cradled an injured flier, and underneath was the inscription, "The Air Force takes care of its own."

I would like to see this spirit spread among our oldsters. A fiery spirit—one of individualism with Government help and guidance.

Mr. **Brademas.** Thank you, Dr. Kuhn.

I would just like to say that I find your statement generally impressive but particularly sensitive on one of the major points in the bill before us; namely, your awareness, your indication of your awareness that it is important not only to provide nutritionally balanced meals to older citizens but that it is also important as the language of the bill contemplates that there should be provided a setting conducive to the older persons feeling that there are other persons with him, that there is a sense of community among the older persons and that the program should be provided as near as possible to the residence of the eligible individuals.

I just wanted to make that observation and I was pleased to see that.

Dr. **Kuhn.** Thank you, it is very important.

Mr. **Brademas.** Mr. Reid.

Mr. **Reid.** Thank you.

Dr. Kuhn, I want to thank you for your very thoughtful, indeed, provocative and important testimony.

First, could you define for the purpose of the hearing a metabolite?

Dr. **Kuhn.** A metabolite is a substance that is caused by the burning of other substances in the body.

Mr. **Reid.** What would be an example?

Dr. **Kuhn.** Let us note chromium and its ability to metabolize glucose to glycogen, which is a metabolite that can be used by the cells in the body.

Mr. **Reid.** You talk about obesity here.

Do you think it is possible, that in giving micronutrients to people troubled with obesity and atherosclerosis to in effect through an adequate diet including important trace minerals such as you have mentioned, to burn up deposits that have been stored?

In other words, instead of having to clear out an artery by surgical means might it be possible to do that by micronutrients as a means to destroy the fat deposits in people who have it already in their systems?

Dr. **Kuhn.** Yes.

There is a doctor now working with the Coho salmon. He told me they died prematurely with their vessels filled with fat. He has been feeding them trace minerals, mainly chromium, copper, and zinc and he tells me he expects the life of the salmon to be extended for a year.

This is a new phase of medicine and it is in the experimental stage.

I hope in funding this program we don't forget research. This is a great thing.

Mr. Reid. Are iron, iodine, copper, and zinc already included in vitamins?

Dr. Kuhn. They are in some.

Walgreen's, not to be specific particularly, I notice are putting out a new vitamin with trace minerals in them.

Mr. Reid. What trace minerals do they have in that vitamin?

Dr. Kuhn. I do not know. Of course, they all contain iron and calcium, but the trace minerals that are going to be important to us are the minerals that we are experimenting with now, zinc, copper, manganese, chromium, etc.

Mr. Reid. Would this be helpful in a case of arthritis?

Dr. Kuhn. Yes, it has been proven as such.

Mr. Reid. What should one infer about arthritis from this?

Dr. Kuhn. Some people feel the good that is seen in arthritis is a matter that the fatty deposits in the oldsters is burned and the increased circulation is helpful. This too is in the area of research.

Mr. Reid. What do you consider arthritis to be?

Dr. Kuhn. There are different types of arthritis, but generally this denotes a disease of the joints and results in reduced locomotion.

Mr. Reid. Essentially is it a question of poor circulation, too?

Dr. Kuhn. They are working on the causes. No one knows exactly how this occurs in arthritis. As far as that goes we do not know how it occurs in atherosclerosis and when we get into tolerance curves we are in the research stage. It is interesting to note some of the experimental work that is being reported now in references to disease states aggravated by a lack of trace minerals. I would like to read, if I may, from the proceedings of the second Annual Conference on Trace Substances held at the University of Missouri in 1968. This is from the abstract of a report on the effects of chromium in elderly subjects and diabetics presented by the Departments of Biochemistry and Medicine of the State University of New York, and the Radioisotope Service of the Veterans Administration Hospital, Syracuse, N.Y.:

> The impaired glucose tolerance of the elderly population is well recognized. Approximately eighty percent of subjects over seventy years of age display abnormal glucose tolerance tests. Further, it has been shown by Schroeder, et al. that the crhomium of human tissue decreases with increasing age. We have shown previously that four out of ten (40%) of the elderly subjects studied with impaired glucose tolerance had their tolerance restored to within normal limits after supplementation of their diet with 150 micrograms of chromium per day.

Mr. Reid. You talked about the disturbed ecology and you referred to fertilizers containing phosphates and that trace minerals have been washed away and where not washed away have been rendered ineffective by fertilizers.

Are we also getting phosphate into our system in quantities that are harmful, and if so, what does that mean?

Dr. Kuhn. There is a matter of the interfering with the assimilation of nutrients. The trace metals would ordinarily cause enzyme action in the body and this action is interfered with by the fertilizers in the soil.

We have some areas in the country where chemical fertilizers have been used very little. I understand we can see the results of this around Shelbyville, Tenn. We can find counties that are not disturbed in trace minerals. I understand the cattle and horses there are not in need of particular grain feeding. They are healthy, fat, and strong.

Mr. **Reid**. Thank you very much, doctor.

Mr. Chairman.

Mr. **Brademas**. The Chair yields to the gentleman from Idaho, Mr. Hansen.

Mr. **Hansen**. Thank you, Mr. Chairman.

I would like to commend you for a very important and useful statement.

You make reference to the reduced incidence of coronary and vascular thrombosis that would result and as I read your statement you are saying that the improvement of the vascular system would justify the program providing one nutritious meal a day. This is consistent with much of the medical testimony we have had in Miami the time these hearings were opened.

Obviously a program such as this is going to cost money, but it seems equally obvious that there is an off-setting saving in medical cost and hospital cost that could be avoided by better health on the part of older people.

I would like to have you comment on this relationship and some of the economic savings that we can achieve by a program such as this to provide better nutrition for people.

Dr. **Kuhn**. Of course, we do not want to make a minor point of a good balanced diet, but in the trace mineral line we find the deficiency as a cause of a lot of diseases mainly in elderly people.

For instance, a lack of copper in the diet causes a lack of a substance called elastin in the blood vessels. Elastin allows the blood vessels to become elastic and the loss of it causes a hardening of the blood vessels. Along with the lack of other trace minerals, such as zinc, and magnesium we find atherosclerosis developing. This combination helps produce clotting in the vascular system throughout the body and clotting in the heart vessels. We have glucose tolerance disturbances and all of these things in the elderly are representing a great percentage of their disease involvements especially in the over 70 group.

I think if we could take care of these problems we would take care of a lot of people in hospitals. Just think how many people we could keep out of wheelchairs and out of hospitals and keep them up and happy.

I think this in itself would cut down overall expenditures and pay for the program. I do not doubt the program would pay for itself. The program could pay for itself many times.

Mr. **Hansen**. What you are saying is there is a whole range of kinds of dividends.

Dr. **Kuhn**. I think it would be very economical. I think it would prove out to be a program that would make money so to speak rather than be a burden financially.

Mr. **Hansen**. Thank you.

Mr. **Brademas**. Thank you very much, Doctor Kuhn. Your statement is very interesting and has brought up many concepts we have not had a chance before to hear.

The next witness is Miss Regena Marsh.

We are very glad to have you with us, Miss Marsh. You will be interested to know we have had some of your colleagues from other parts of the United States who administer Meals on Wheels programs that appeared before our subcommittee during our hearings in Washington on this legislation.

The Chair is very much aware of the program that is affecting this community. We are looking forward to what you have to say.

STATEMENT OF MISS REGENA MARSH, EXECUTIVE DIRECTOR, MEALS ON WHEELS

Miss **Marsh**. Thank you, Congressman Brademas.

I am very glad to tell you about Meals on Wheels because it has been a real part of my life for the last 5 or 6 years.

My interest in the need for a program providing well-balanced, nutritional meals for senior citizens (particularly the homebound) has spanned the years, and consequently I was instrumental in organizing the Meals on Wheels program in South Bend. It has been a real learning experience confirming my assumption that there is a real need for a well structured food service program.

Interest in the proper food habits of people living alone, particularly senior citizens, is becoming a concern more generally, as is evidenced by the inquiries we receive in our mail for information about Meals on Wheels.

These letters have come from all over the United States, and there is a real need for a program that will encourage communities to the awareness of the need and conformable solutions.

Food habits and needs are influenced by locale and backgrounds so that guidelines of a program would have to be very flexible and so designed to meet not only the needs of those with low incomes but also anyone who, because of age or infirmities, is unable to prepare proper meals, with particular emphasis on those needing special diets.

Location of a central kitchen available to the greatest number would be a problem and transportation would be a must. A real persuasive selling job would have to be done and followed up to see that regular eating habits were established and maintained.

Encouragement in recruiting home economists who would work in communities as counselors and consultants should be considered. Trained dedicated volunteers have proved to be invaluable and the lifeblood of Meals on Wheels. We strongly recommend them.

Since November 1965, food has been delivered daily, Monday through Friday, to approximately 100 people living in South Bend, Mishawaka, and Osceola. This service is delivered and administered entirely by volunteers and the price charged is geared to the income of the recipient. Each person is urged to pay whatever they are able—even though their income is small—as a means of maintaining their own self-respect.

We are more and more aware that persons living alone are eating foods that do not make up a well-balanced diet and have been happy to see the improved health and attitudes of many who have received the Meals on Wheels service.

One woman who had been steadily losing weight and was so weak she was spending most of her time in bed, after 2 weeks of our services, gained 10 pounds and is up and dressed and beginning to be interested in life. She is just one of the many examples that are brought to our attention every day. We have been especially pleased with the improved mental condition and outlook on life.

Our food is prepared at Memorial Hospital, South Bend, and St. Joseph Hospital in Mishawaka, under the supervision of accredited dietitians. A doctor's order is mandatory for each recipient.

There were many hurdles to be conquered. Delivery boundaries, organization and recruitment, office procedures, fixed costs and scores of others. In the beginning, and even now, the most difficult task is to find the ones who really need our services and breaking down their barriers, pride and independence. These are natural characteristics, common to all of us and we do understand and respect them.

We started with a survey made by caseworkers from the welfare department, Visiting Nurse Association, selected clergymen and others interested. This gave us our first leads but it wasn't enough.

We enlisted the doctors, osteopaths, visiting nurses, clergymen of all faiths, senior citizens groups and womens organizations, both church related and secular, but even so, every day desperate situations are brought to our attention who have never heard of Meals on Wheels. We make talks before church and service clubs and encourage news stories.

The Meals on Wheels program is financed largely by the fees paid by the recipients, gifts from interested church and social groups and a subsidy available from United Community Services as needed.

Home calls are made as far as is possible. A case history is kept in our office and referrals are made to other agencies when a need for their services is indicated.

In most cases the recipients of Meals on Wheels are unable either physically or mentally to leave their homes and adequate delivery service is a must. Currently, we are using 11 cars per day, each staffed with a driver and a server. However both are encouraged to go in to deliver the meals. Firstly, because their little visit provides a ray of sunshine to an otherwise lonely day and secondly, because on occasion we find someone who has fallen and is lying helpless on the floor or has had a stroke or an attack rendering him helpless. Our volunteers are instructed to alert our offices and call for the ambulance. We try to provide cards in a convenient place in the homes with numbers to call in such cases as well as the name of the next of kin.

Each recipient receives two packages of food each day. One contains the cold foods, salad, dessert, bread and butter to complete the noon meal and a sandwich, fruit, cookies and milk for the evening meal and the hot meal with coffee, tea or Sanka, which is transported in an insulated hot box that was plugged in and heated at the hospitals and will maintain a temperature approximately 200 degrees during delivery.

Each carrier holds eight to nine meals and the routes are laid out in a radius of 5 miles from the hospital. In favorable weather, deliveries can be completed in 45 minutes or less. Cars then return carriers with route sheets to the hospital. If the returned route sheet has any pertinent information regarding the recipient, sometimes a request, or perhaps just a special need is observed, it is followed through and every effort is made to provide satisfactory answers.

Weather conditions in our area have made it necessary to cancel deliveries 7 days in the last 5 years. On those days, radio and television have cooperated, with frequent spot announcements and we call every recipient and assure ourselves that they have food.

If there is a real need, we call someone in the neighborhood who will take food where needed. In the one very severe storm we had, the police made a few calls when we were unable to make contact.

We continually encourage keeping staple supplies on hand for weekends and emergencies and the neighborhood churches help when needed.

The role of the dietitian in a program designed for the elderly and handicapped is most important. More than 50 percent of the people we serve are on special diets. They have lifetime eating habits that are incompatible with prescribed diets and often it takes patience and interested counselling to sell the idea.

One patient who is on a bland diet complained so much that I suggested she try preparing her own meals for a week. She cooked navy beans, sauerkraut and pumpkin pie the first day. She is back with us and says she won't complain again, no matter what we send.

The doctor orders meals for patients as he would were they in the hospital, and the same concern is given them by the dietitian. We have been very fortunate in having such a relationship with our hospitals.

In the future, should we need additional meals, Osteopathic Hospital has offered their help, and their dietition called and discussed what they could do to help.

Presently, our boundaries are determined by a circle within a radius of 5 miles from Memorial Hospital. This means Byrkit Street in Mishawaka and almost the State line north past Mayflower Road west and south past the bypass.

These boundaries are adhered to as far as possible, except that service is extended to include Osceola because we have recruited a corp of volunteers from there who make regular deliveries.

We are aware of the need in the rural areas and the smaller towns in the country, and are hoping soon to be able to extend our service via a relay system to include all of St. Joseph County. Some ground work has been done in Lakeville, North Liberty and Walkerton, but it is all still in the planning stage.

We have learned many things, both as to the need and the answers, but have only scratched the surface as to what should be done. Important as the food is, the daily visits of our dedicated volunteers is equally important.

We have called this an "Adventure in Christian Friendship" and it has been just that to the corps of 120 dedicated volunteers, who have delivered meals each week, and as is said of the U.S. mail service, "Neither snow, nor rain, nor heat, nor gloom of night, stays these couriers from the swift completion of their appointed tasks."

Mr. BRADEMAS. Thank you very much, indeed, Miss Marsh. I am struck by several points in your testimony and in listening to it it reminded me of an earlier conversation I had with one of the persons, one of the volunteers in the Meals on Wheels program here, who told me it was not only a question of the provision of balanced meals to older persons which seemed to have made a great difference in their lives, but that it also appeared to be almost equally important there should be a person who would come by and chat with them briefly and help overcome the feelings of loneliness which many older people feel.

I am struck by your making a similar observation.

I am also struck by one of the last sentences in your statement in which you say you have learned many things about the provision of food to older citizens, but to quote you, "we have only scratched the surface."

As you know, the bill before us aims at establishing nutritional standards so we guarantee at least one hot meal a day to older persons.

It is aimed at providing a program that would be in the general vicinity of the older persons and would seek to have an outreach emphasis so there would not be older persons overlooked in receiving the hot meal and would encourage a setting that would be conducive to enjoying the meal and would also aim at providing trainer personnel for administering such a program.

Miss MARSH. There is a big need for the program. Just how far we could go with it I wouldn't know.

Mr. BRADEMAS. In Washington last week, it was even suggested one might, under a program of this kind, develop luncheon clubs for the elderly whereby they could come to a local church or a local community center or senior citizens center on a kind of a regular basis for eating the hot meal daily.

What is your reaction to that?

Miss MARSH. The problem with that would be a selling job, they would come one day and the next day they wouldn't want to put their clothes on or if the weather was a little bit bad it would take a terrific selling job to have to come every day.

Mr. BRADEMAS. Do you suppose you could do it periodically, but not daily?

Miss MARSH. I don't know. It would be ideal if it could be done but I think the selling job on that, the promotion on that would be a real problem there.

Mr. BRADEMAS. One final question before I yield to my colleague, that is the question of the people you get for running the Meals on Wheels program in this community.

Is this almost entirely a question of volunteers who give their time to do this? What is the mix between paid and nonpaid volunteers?

Miss MARSH. They are all volunteered except a part-time secretary in our office. One of our office girls is here now working on a part-time basis.

We pay the high school boy for loading the car for 2 hours. Everything else is done on a voluntary basis. Volunteers provide their own cars, gasoline, and nobody gets anything.

We serve a lunch to the volunteers but they drop enough money in the kitty to pay for that. So, the community is not paying the volunteers anything at all.

Mr. **Brademas.** How many persons do you serve daily?

Miss **Marsh.** It is close to 100 right now. I can't say exactly. We have about 130 different people during the week's time.

Mr. **Brademas.** You serve from 100 to 130 persons daily. How many people do you think would be in need of such service if you had the resources to provide it.

In other words, how many are you missing?

Miss **Marsh.** I wouldn't have any idea how many. We would be able to take care of more people and it would take a selling job.

Mr. **Brademas.** I do sense from what you have said and from what the other witnesses have said that an important problem in making a nutritional program for the elderly is the outreach feature of the bill under consideration—to be sure people who are eligible hear about it and have an opportunity and some encouragement to participate.

It would be interesting to know how many persons, older persons ought to be receiving the same service as the 130, who are not for one reason or another doing so.

I would hope this would be an area where we would encourage more and more young people to be active, including high school students.

Thank you very much.

Congressman Reid?

Mr. **Reid.** Thank you, Mr. Chairman.

Thank you, Miss Marsh, for your testimony.

Let me ask, on those who need to stay in their home where you have outreach with Meals on Wheels do you find that most of the senior citizens who need nutritional help have to be reached, you have to go to them?

Miss **Marsh.** Yes; you have to go to them. You have to work through their clergymen and doctors and nurses. It takes a dedicated effort to explain just why they need it.

Mr. **Reid.** In effect you are saying if the weather is bad, if they do not feel like it, it is pretty hard to get them to leave home for a meal.

Miss **Marsh.** Yes.

Mr. **Reid.** You mentioned in your statement you essentially provide two meals a day. Generally what kind of a meal do you provide?

Miss **Marsh.** We provide the essential elements of the meal. We have meat, a vegetable of some kind, and one other vegetable and salad, fresh fruit. We take them milk each time and keep encouraging them to drink the milk.

The same concern is given them as if they were in the hospital for their food. The general diet would be the same diet they would have as hospital patients

Mr. **Reid.** What did you find the diet of a lot of these individuals consisted of before you sought to balance it or reach them?

What was the tendency?

Miss **Marsh.** The easiest thing they could get. Many of them are unable to prepare their food and lots of them are just used to eating meat and potatoes. Now meat is quite expensive. They will eat crackers or toast not having balanced food at all.

Mr. **Reid.** You say they could not prepare their own meals in some instances or they did not have the will to do it and they would eat crackers.

Miss **Marsh.** Cookies, something they could just eat out of their hands.

Mr. REID. They did not have to cook or prepare.

Miss MARSH. They turn on the gas, the fire and burn things up.

Mr. REID. What degree of education did you have to provide in terms of encouraging the senior citizens to develop a balanced diet one way or the other?

Were they aware that the diet they were following was probably not the most balanced or healthy for them?

Miss MARSH. The way we have worked it is demanding the doctor give us an order for it and you say, your doctor says you are supposed to have this. We continue to counsel with them. I will work with them over the telephone.

Mr. REID. Did they understand at the time their diet was not balanced?

Miss MARSH. Perhaps not, I really do not know that. We have not gone in from that standpoint.

Mr. REID. What I am trying to get at is do we need some kind of a component of education in here as to what constitutes good nutrition as well as the actual facilities, the food and so on.

Miss MARSH. We do need that, we know we need that. How to get them interested and to accept it is one of the biggest things. I am hungry I just eat, this is the idea.

Mr. REID. You talked about approximately 100 people in South Bend area. Would you say amongst the population you are serving there is a susbtantial number not now being reached?

Miss MARSH. Indeed, I would.

I conducted a program last night and I found five people last night I had not even heard about until last night. Will you send somebody over there.

Mr. REID. How many of these people are single or widowed or living alone?

Miss MARSH. I would say probably 80 percent. We do have some couples and we do have a sister and brother living together.

Mr. REID. Thank you.

Mr. BRADEMAS. Mr. Hansen.

Mr. HANSEN. Thank you, Mr. Chairman.

Let me also join in expressing my appreciation to you for coming to give us the benefit of your considerable experience in this area.

I was most impressed by what I had seen and heard of the Meals-on-Wheels program.

Let me ask you how many persons do you think would be required in order to operate feasibly a program such as this.

Is there a minimum number you could give us would be the basis for initiating the kind of a program that sends meals to the home?

Miss MARSH. It takes 22 people a day to come into our office to set this thing up. We have five homemakers, caseworkers going to the homes. I do not know just what we need but it would take a lot of people to do it.

Mr. HANSEN. To what extent is the cost of preparing and delivering the meals to people and the fees you charge.

Miss MARSH. The fees we would charge would pay the entire cost of the program for the people who pay the full amount. We have it figured in there. Our expenses are very little. The overhead expenses are not very great at all.

It is all being done by volunteers.

Mr. HANSEN. You have other resources.

Miss MARSH. That amount is made up from gifts that have been given to us, memorial contributions and things of that kind and the United Community Services is made up. What we need to operate, we ask the United Community Services for as part of their budget.

Mr. HANSEN. For those who pay the full cost of their meals what is that amount? In the program here?

Miss MARSH. $2.05 a day.

Mr. HANSEN. It would just be slightly over $1 a meal?

Miss MARSH. Yes.

Mr. HANSEN. What is your basis for determining the schedule of fees to be paid of the various amounts depending upon the financial circumstances.

Miss MARSH. We check with the welfare if they can't afford to pay. We check with their sources of income and recommend to them what we feel is what they can allow themselves to budget.

We have one little lady who gives 25 cents a day. She says, I pay for my meals. It is such a feeling of independence. We were glad to be able to say she does pay for her meals. She gives us a quarter a day. We accept it in that fashion.

The rate is determined what they can afford to pay by their feeling and what they want to pay.

Mr. HANSEN. Do you feel that it is important they at least have some opportunity to make some contribution toward the cost?

Miss MARSH. I think it is very important that way. I think we have been able to persuade people to take it on that basis who otherwise would not have accepted it any other way.

Mr. HANSEN. The Chairman mentioned involving young people on a volunteer basis. The director of the program in Baltimore earlier this week indicated that there are a great many young people, college students, high school students are contributing many, many hours a week on a volunteer basis.

Has that been your experience?

Miss MARSH. It has been true in our experience. Our young people are very dedicated and have done a marvelous selling job for us in the selling program.

They do a lot of promotion work for us. It seems to me sometimes we overlook these contributions made by young people. We had a snow and we had a lot of boys to dig us out. I think they were very disappointed no one got stuck in the snow and they would have a chance to dig. But they went 4 days with high school boys in every car that went out.

Mr. HANSEN. Thank you.

We have been delighted to have you here.

Mr. BRADEMAS. Thank you, Miss Marsh.

The final witness this morning is an old friend of programs of benefit to older citizens, Mr. Lester Fox.

Before Mr. Fox presents his testimony, I would simply like to observe that I note in the latest issue of the Journal Aging, which is the publication of the Administration on Aging, which is the administration that administers the Older Americans Act programs, I read that there are 468,000 persons in the State of Indiana who are 65 and over and that Indiana has now agreed to participate in the Older Americans Act programs.

According to the August 1970 issue of Aging, our State is entitled to just under $190,000 for community projects serving older people, plus another $75,000 for statewide planning, coordination, evaluation, and administration during the present fiscal year.

So, I am very encouraged Indiana has decided to join the Union with respect to this important program.

I believe I am correct in saying, Mr. Fox, that the REAL Services program in this community is one of the few programs in the State which has been granted any funds under the Older Americans Act because of the failure of our State until this year to participate in the program.

I know of the splendid leadership you have given in this community on programs affecting the elderly and we are very pleased to welcome you here this morning.

STATEMENT OF LESTER FOX, EXECUTIVE DIRECTOR, UNITED HEALTH FOUNDATION AND REAL SERVICES

Mr. Fox. Thank you, John.

My name is Lester J. Fox. I am employed as the executive director of the REAL Services program and the United Health Foundation. Both agencies are private nonprofit voluntary agencies affiliated with the United Fund.

These agencies have a long-standing concern and commitment to the health and well-being of the older adults of St. Joseph County, Ind.

I would like to commend the committee and the Congress of the United States for giving serious consideration to a matter of great concern to those who have a responsibility for the status and needs of our older adult population.

In addition, I want to express my appreciation for being presented this opportunity to state my views on what I believe is a significant subject.

For most older adults, the remaining years of life are characterized by markedly reduced incomes, increased incidents of disability, separation from family and friends, changes in familiar routines and living patterns, loneliness, and anxiety.

To this widely known list, and in large measure because of it, needs to be added another less well known characteristic of aging—nutritionally inadequate diet.

Clinical studies indicate that except for calories, the older person generally requires about the same amount of each essential nutrient as the young individual.

Furthermore, the elderly react positively to dietary improvement for they retain the capacity to build new body tissue and to mineralize their bones when their diets include the required nutrients in adequate quantities, provided they do not suffer from specific diseases which inhibit these body processes.

The social and psychological tones of food and meal times are significant to people in all stages of life; the feeding infant in its mother's arms, the family gathered around the table for the evening meal, and the lonely repast of the suddenly isolated widow.

Great numbers of older people, particularly those who live on small incomes, do not receive sufficient quotas of food that provide the needed nourishment their systems could utilize.

Whether income is derived from social security, private pensions, lifetime savings, insurance, employment, or any other source, they are totally defenseless against inflation.

The loss in value impairs the capacity of almost all older adults to live with dignity and independence. Many, regrettable as it is, by reason of limited years or months remaining in their lives, simply cannot wait for help.

Providing nutritionally adequate diets, therefore, becomes an important weapon in combating health problems in the elderly, supporting emotional stability, extending work capacities and maintaining life.

For now I would like to go beyond the consideration of an adequate nutritious meal and its importance to the physical and emotional well being of older adults and consider other significant factors that are present in a meals program designed to meet the needs of older adults.

Here in St. Joseph County, Ind., we have several programs that serve some of our older adult population. You have heard the Meals on Wheels presentation.

The only thing I might add to expand on the meaningful service this program provides is to state that mere words could never describe the benefits that that program provides to its recipients, to the volunteers who work in the program, and to the individuals who supervise the administration of the program, on a day-to-day basis.

The very fact that almost 100 older adults are being maintained in their homes rather than having to be institutionalized to insure an adequate diet indicates the scope of service I can envision in many communities if adequate resources are made available through the enactment into law of bill H.R. 17763.

Presently, we have in operation meal, recreation, and socialization programs housed in available church buildings utilizing the facilities of the churches. They are situated where there are heavy concentrations of older adults.

Utilizing older adults as part-time employees of the program we conducted extensive out-reach efforts to identify and bring into the program those older adults who are largely shut-off and shut-out of the mainstream of community life.

Our experience with the meals, recreation and socialization programs has proven to be a most successful method of provide meaningful person-to-person service roles for older adults.

We have recruited and trained an older adult staff to provide personal attention in seeking out deprived, dependent, isolated older adults and we have staffed these programs with older adults serving as part-time paid employees and as volunteers.

All of our older adult part-time employees are currently drawing social security benefits and some have even reached age 72 and beyond so their salary has no effect on their being eligible for their full social security benefits. We have never had an employee resign because they grew too old.

In all cases these people have demonstrated that they have much to give and share as a result of their years of living. They have shown ability to adapt to change, to be flexible, and to give of themselves to other older adults in need.

Their compassion and calm acceptance make them invaluable to the program. They bring new life and hope to those they serve. At the same time the program enables them to remain active in the community, to gain a sense of dignity in their service role, and for those of the paid staff, it adds supplementary income.

The program provides incentive and purpose for more meaningful living as these older adults seek to help others. It enhances their self-esteem and brings them an increased sense of security as contributors to society.

To see the program in operation, to observe the hunger of the older adults for attention and understanding, to learn of the reborn feelings of usefulness on the part of the older adults who serve—these are the essential human aspects of the program.

Charts and statistics regarding this program are impressive, however, they do not reflect the significance of the benefits received through participation.

Charts and statistics do not provide information on the number of problems reduced or averted; or the peace of mind restored or maintained. These things are not measurable.

I guess my real concern is the damage that may occur by the holding forth the promises contained in the proposed legislation, if there is not to be some program implementation in the foreseeable future. Older adults cannot wait nor can they exist on promises that may not be fulfilled. And to have their hopes shattered when fulfillment falls short of promise is an experience they do not need.

The difficult problem of adequate nutritious food for older adults is one that has been with us for some time. However, it is not an insoluble situation. The real problem exists in our inability to possess, in sufficient quantity, the commitment, the flexibility and the sense of urgency that is necessary to achieve success. The problems in this area will not disappear because they are treated lightly or ignored. What is needed is the commitment.

The enactment and prompt implementation of H.R. 17763 represents, I believe, an acceptable solution.

Thank you.

Mr. Brademas. Thank you, Mr. Fox.

Mr. Reid, would you like to ask some questions?

Mr. Reid. Yes.

Thank you for your testimony. I think the point you raised that it is important not to raise hopes without being able to back it up with adequate appropriations is very important.

What would you guess the cost would be per person on an annual basis for a program of this character that would be meaningful?

Mr. Fox. From our experience, operating two programs on a fee for service based on an ability to pay, the best I could offer is an educated guess.

We do not force old adults to submit to a means tax. It is a sort of a conversation out of which develops a realistic fee.

We have been able to provide a program based on the average cost of $1 a day.

Mr. Reid. One meal or two?

Mr. Fox. That is one meal.

Mr. Reid. Is it your judgment this kind of a program should provide two?

Mr. Fox. We initially attempted to provide two meals. We provided a hot noon meal and a carry home evening meal. We encountered difficulty because, No. 1, many of the older adults do not have adequate refrigeration and so we encountered problems. In addition to that, and I did not realize this until we got involved, but the cost of packaging a sandwich and an apple with a little supplementary item is far more expensive than the preparation of a well-balanced nutritious meal that the cooks had prepared in our own kitchen.

Mr. Reid. Now in this immediate area we were talking this morning about population around 800,000 of whom perhaps 10,000 are in need of—perhaps 10 percent are senior citizens.

Mr. Fox. We serve St. Joseph County which has an overall population of about 250,000 and it is estimated that there would be 24,000 older adults 65 and over in St. Joseph County.

Mr. Reid. About 10 percent?

Mr. Fox. Yes.

Mr. Reid. I would place a priority on the food program but there could be a heavy focus on the socialization program which in my mind is almost of equal significance. We need centers where older adults can come and find a whole range of services which can be made available just utilizing the existing community services without the necessity for increased costs.

Mr. Reid. Going to the area of the 200,000, what percentage of senior citizens, 24,000, would you say?

Mr. Fox. Yes, 10 percent.

Mr. Reid. What is the percentage of the 24,000, you think, would need this if they could get it?

Mr. Fox. Twenty-one percent. This is based on a study REAL Services conducted in cooperation with the social science department at the University of Notre Dame.

We did a random sample study in St. Joseph County under an A.A. grant. I might say that the REAL Services of St. Joseph County is the only organization in the State of Indiana that had received a grant from the Administration on Aging, HEW.

Mr. Reid. I appreciate the thrust of your comments.

Mr. Brademas. Thank you very much.

Mr. Hansen.

Mr. Hansen. Thank you, Mr. Chairman.

I want to thank you for an excellent statement. My colleague, Congressman Reid, I think has very properly attempted to place the matter in perspective by focusing on some of the costs they have to face up to.

Let me ask you for your comment on the extent to which there might be identifiable savings in the hospital cost, of doctor bills that would be incurred by reason of better health that comes from the better nutrition is the object of this.

Mr. Fox. I agree that this would be an income producer in the sense there would be less expense to society. Too many institutions are filled with older adults who do suffer and the sickness can be traced back to poor diet.

I think the opportunity for adequate diet, plus the opportunity for socialization and some involvement in the community would be an income producer to the Nation as a whole.

Mr. **Hansen**. You really believe an amount more than a total cost of this program would be offset.

Mr. **Fox**. That is right.

Mr. **Hansen**. I think it would be useful for the committee to develop some good hard cost figures on medical care, hospital care for the aged so we may be better able to demonstrate the economic implications of good nutrition for the elderly.

Mr. **Fox**. If I might add one thing which relates to the meals-on-wheels program. In our community older adults who might otherwise be retained in the hospital 2 or 3 days longer can be released to return home when their doctor has assurance that the patient will be properly fed through the Meals-on-Wheels program.

This represents a tremendous saving.

Mr. **Hansen**. One day of hospital care would pay for a lot of meals.

Mr. **Fox**. That is right.

Mr. **Hansen**. I am also impressed with the way you have obviously been able to utilize the services of older people on a volunteer and part-time paying basis which as you know serves many purposes in addition to providing a means of supplementing limited income.

Will you give us some idea of the typical number of hours that these people devote and the kind of earnings they receive?

Mr. **Fox**. Those who are on the paid staff work an average of 4 hours a day, 5 days a week. They are paid an annual gross salary of $1,680. This is the amount they can make and not endanger their social security. A lot of older people would be working now if it were not for the dread they have by temporarily terminating their social security and then subsequently attempting to get it restarted when they are no longer employed. It is a very serious problem.

We have some people with us since the program started. By and large if I were to strike an average I would say volunteers participate in the program 3 days a week and average about 4 hours a day each day.

Mr. **Hansen**. Thank you, Mr. Chairman.

Mr. **Brademas**. I would just like to follow your last comment about social security by observing, as you may know, on October 3, which is a Saturday, we shall have hearings in South Bend beginning at 9 o'clock in the morning at the South Bend Public Library, a conference on medicare.

We will have some top administration officials on aging as well as the top official from the regional office of HEW who are concerned with the administration of medicare.

I must say I found moving around the counties of this district that older citizens overwhelmingly want medicare. It is equally the case there is a widespread lack of information and knowledge about what benefits are possible under medicare.

Indeed, last night when I got home I found a letter from a constituent indicating that he was uncertain and was writing on behalf of his mother about the benefits that were possible under medicare.

So, the purpose of that meeting, which is a public meeting, will be to afford persons concerned with the problems of the elderly to make any observations, criticisms, suggestions, or recommendations they wish to make for improving the medicare program.

I have a few quick questions. I was struck by the theme moving through much of your statement. It is very important we have these outreach services to which this bill is in part addressed.

It seems to me, in light of what Miss Marsh has told us and what you have told us, there may be one real deficiency in this bill and these hearings have helped to bring it to light, which is one of the reasons you have hearings, and that is, as I would read it, the bill focuses attention on furnishing a site for the nutrition program for the elderly to which the elderly would come in order to get their daily meal. Provided under the act, and, while I think it is important to have such a site, it may well be the case we should modify this legislation, if we should decide to go ahead with it, in order to provide some program of home services along the lines of the Meals-on-Wheels program for those elderly persons who are either unable or not willing to come to a central location.

Do you have any comment on that?

Mr. Fox. I think generally where it is possible for the old adults to come to a center it is desirable from many points of view.

No. 1, people like to eat at mealtime so it means a volunteer staff to deliver during the course of the noon hour. You cannot hire one person to deliver the meals. It has to be done at mealtime by many people.

So, there is a practical problem in terms of manpower. In addition to that I am afraid we could encourage withdrawal, encourage isolation if this type of service was brought to the home.

I believe those who could especially benefit then from this type of service also need other service, other exposure and they should be encouraged to come to a center or some facility, so, not only will they benefit from a meal which is extremely important, but the opportunity to socialize, the opportunity to become more aware of what services are available in the community and perhaps identify problems so that the community services could be utilized.

This is my fast reaction without a lot of thought, but I think it would be a mistake to deliver a meal if it were not necessary.

Mr. BRADEMAS. What percentage, from your experience, are ambulatory and those not able to?

Mr. Fox. Between 5 and 10 percent need the service of the meals on wheels program. The balance I believe with some outreach support are able to come to a center or a facility.

Mr. BRADEMAS. Would there need to be a transportation allowance?

Mr. Fox. Our feeling is this is a volunteer program. If we have to pay for all of the services that would be required to conduct a meaningful program, it would skyrocket the cost beyond conception. I think it would destroy the type of program.

Mr. BRADEMAS. Mr. Reid was the initiator, and I was very glad to support him last year on an amendment to the Old Americans Act of 1969 which President Nixon signed into law last year extending the program, an amendment which established a retired senior volunteer program, or RSVP program, for the purpose of encouraging greater activity on the part of senior citizens.

There are not yet any funds appropriated for this program; it remains as a challenge to encourage greater volunteerism on the part of older Americans in programs with the benefits for older Americans.

You make a very persuasive case, I think, when you say you try to staff most of the programs in this community with older citizens, if I understand you correctly.

One other question, how many persons 65 or over are in St. Joseph County?

Mr. Fox. 24,000.

Mr. Brademas. 24,000?

Mr. Fox. Yes.

Mr. Brademas. We all of us wish to thank you, Mr. Fox, for your own testimony and for having helped to arrange these hearings.

We want to express our appreciation to all the witnesses who have appeared this morning. Your testimony has been extremely helpful.

We shall be going to Elkhart at 3:30 this afternoon, in the Elkhart Public Library, to continue this hearing.

The Chair wants to express appreciation as well to the officials of Indiana University, South Bend, for their courtesy and kindness in allowing us to use these facilities.

Our hearings are now adjourned.

(Whereupon, at 12:34 p.m., the committee adjourned, to reconvene at 3:30 p.m., Saturday, September 19, 1970, at Elkhart, Ind.)

OLDER AMERICANS ACT AMENDMENTS FOR NUTRITIONAL SERVICES

SATURDAY, SEPTEMBER 19, 1970

House of Representatives,
Select Subcommittee on Education,
of the Committee on Education and Labor,
Elkhart, Ind.

The subcommittee met, pursuant to recess, at 3:30 p.m., in the Elkhart Public Library, 300 South Second Street, Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas and Orval Hansen.

Also present: Jack G. Duncan, staff counsel; Arlene Horowitz, staff assistant; and Marty LaVor, minority legislative coordinator.

Mr. Brademas. The committee will come to order for the purpose of further consideration of the bill H.R. 17763, a bill to amend the Older Americans Act of 1965 to provide nutritional programs for the elderly.

The chair wants to say he is most pleased to be able to welcome to the State of Indiana today one of the ablest Members not only of this subcommittee but of the entire House of Representatives, my colleague from Idaho, Orval Hansen.

Few Members of Congress are so widely respected on both sides of the aisle as is Congressman Hansen, and I count it an honor to have him here in the district I represent in Congress.

Last year's White House Conference on Food, Nutrition, and Health, and the White House Conference on Aging, both pointed to the need for more adequate nutritional programs for older Americans.

The problems of providing an adequate diet for elderly citizens has a number of root causes. As the bill notes, some of these difficulties are caused by inadequate income, others, perhaps, by the older citizen's absence of skills to choose and prepare well-balanced meals; still others, by his limited mobility or by the absence of incentive to eat properly because of feelings of loneliness or rejection.

The older person can be subject to the depression that results from being forced to retire from a productive role in the community. He can find himself robbed of friends, close relatives, and neighbors by death, time, and change.

The infirmities of age can make the pace of urban life seem menacing, so that he or she is afraid to seek what little opportunity exists for forming new associations and seeking help with various problems.

In this atmosphere, many older persons are unable or unwilling to prepare balanced meals. Therefore, through loneliness, lack of mobility, or poverty, they fail to enjoy the optimum health and vigorous years of which they are capable.

The results are frequently an accelerating feebleness, a sense of despair, and an old age devoid of joy and dignity.

The bill we are considering today would seek to attack the growing problem of malnutrition among the elderly by:

One, establishing a nutrition program which would guarantee at least one hot meal a day for persons 65 years of age or older;

Two, furnishing a site for the nutrition programs in as close proximity to the eligible individuals' residence as feasible;

Three, utilizing administrative methods that would assure that the maximum number of eligible individuals would have the opportunity to participate;

Four, providing a setting conducive to expanding the nutritional program to include recreational activities, information, health, and welfare counseling and referral services; and, finally,

Five, providing the training necessary for personnel to carry out the program.

We are fortunate to have in the Third District of Indiana a number of persons intimately acquainted with the problems of older Americans.

The members of the House Select Subcommittee on Education have come to South Bend and Elkhart to receive the counsel of these persons and to hear their suggestions for strengthening or improving this legislation.

In Elkhart this afternoon, we shall be hearing from Miss Martha Spurgeon, director of public welfare; Mrs. William Atwood, director of Meals on Wheels; Mrs. Florentine Warskow, president of a senior citizens club; and Ivan Weaver, manager of Green Croft Village in Goshen, Ind.

The Chair wants to observe we have with us today a number of students from the schools here in Elkhart. We are very pleased to welcome you to these congressional hearings.

I hope very much that you enjoy them. It may be appropriate in the presence of so many school students, as a former teacher of American government, for the Chair to just explain about congressional hearings. Some of you may have studied in your courses in civics the process by which a bill becomes a law.

I will explain it very briefly for you. When a Member of either the House of Representatives or the Senate wishes to propose a bill which he hopes will become law, he writes it up in the form of a bill; it is given a number and he puts it in a wooden box in front of the chair of the Speaker of the House of Representatives or of the Vice President of the United States, who is a presiding officer over the Senate, a box known as the hopper.

The bill is then referred by the Speaker to the appropriate committee, a committee that has jurisdiction over the particular subject matter of the bill.

In the case of the bill under consideration today, this bill was originally proposed by Congressman Claude Pepper, of Miami, Fla., as well as some 95 other Members of the House of Representatives, both Democrats and Republicans.

The bill was referred to the Committee on Education and Labor of which Congressman Hansen and myself are both members.

The bill was then referred to the Select Subcommittee on Education of which I happen to be the chairman and Mr. Hansen is a member.

Then we followed the procedure of conducting open hearings, public hearings. We conducted these hearings in various parts of the United States, as well as in Washington, D.C.

We have conducted hearings on this bill for example, in Miami, Fla., where there are many retired persons.

Earlier this year Congressman Hansen and I were together for hearings on a bill to provide education about the problems of pollution in the environment.

We conducted hearings in the State of California, in the city of New York, as well as in Washington, D.C., and elsewhere.

Presently we are conducting hearings on this bill which provides nutritional programs for older citizens.

After we have completed our hearings on this bill, we then sit down as a subcommittee in what we call mark-up session in which members of the committee are free to offer amendments to the bill that has been introduced, and I am quite sure we shall be changing the bill Mr. Pepper introduced in a number of ways.

We have already had some suggestions from South Bend for changes in the bill that I think some of us would like to see.

Assuming there is agreement on a bill, the subcommittee votes and if a majority of the committee wishes to vote favorably on the bill as amended, it is then reported, as we say, to the full Committee on Education and Labor, where all of us sit, some 35 of us sit, and we again are free to recommend the bill and if the majority agreed to report the bill favorably, we do so. The bill is then sent to the House Rules Committee which has the responsibility for determining, in cooperation with the leadership of the House of Representatives, and the Speaker and majority leader and the minority leader, when that bill will be scheduled for a vote.

The bill is then given a rule and it is sent to the House of Representatives. We then have another opportunity to amend the bill on the floor of the House of Representatives.

After the bill has been amended further or not, a vote is taken on it, and if a majority of the House votes in favor of the bill, the bill may then go over to the Senate where a similar procedure must be underway if the bill is to have any chance of becoming law.

If the Senate passes a similar bill, but not the same bill, then a conference committee must be appointed composed of ranking members of the two committees of the House and Senate that have jurisdiction over the legislation.

That conference committee sits and tries to work out an agreement on one bill so that it is then sent back to the House and Senate, each of which must again pass the same bill. It must be the identical bill in every period, comma, or semicolon and then, if both House and Senate pass the bill, it is then sent to President Nixon, at the White House for his signature into law.

I had the great privilege a year ago, for example, of going down to the White House and receiving from President Nixon one of the pens with which he signed into law a bill of which I was a sponsor to extend the Older American Act.

We are now considering a bill to amend the Older Americans Act to provide nutritional programs for the elderly.

The Chair hopes others will indulge that brief civics lecture, and, we are now pleased to call as our first witness, Miss Martha Spurgeon, the director of public welfare in Elkhart.

Miss Spurgeon, we are very pleased to have you with us.

Miss Spurgeon was also a witness last year on the drug abuse education bill, which the House, Miss Spurgeon, has now passed and the Senate subcommittee has just this week favorably reported.

It is the hope of Mr. Hansen and me, both of whom worked on this bill, that that bill will become law by the end of this year.

We welcome you back on this bill.

STATEMENT OF MISS MARTHA SPURGEON, DIRECTOR, DEPARTMENT OF PUBLIC WELFARE, ELKHART, IND.

Miss **Spurgeon**. Thank you, Mr. Chairman.

I would favor the amendment to the House bill H.R. 17763, nutrition program for the elderly:

One, a number of elderly people living in our county are living on social security, public assistance, or other limited incomes with no means of meeting all their needs.

I would also favor this bill because there are many people who are afraid to come in and apply for public assistance and apply for food stamps because they have a fear of change; they have a fear of lien provision.

There are many elderly people, especially those who are living alone, who find that foods are not packaged in small enough quantities, and this is particularly true of meat. When they go to the grocery story to buy, everything is in larger cans or they do not have proper refrigeration.

Many of them do not know the knowledge for purchasing proper foods, particularly older men who are left alone who have not been in the habit of cooking their own meals.

As we all know, malnutrition triggers chronic illness and this necessitates costly hospitalization and nursing home care.

In many instances elderly people are unable to prepare food because they have limited cooking facilities, and I think this is true again of those individuals who are alone or who are living in housing units and other dwellings where the rents are very high and they are unable to purchase the equipment they need.

There are many elderly people who could apply for food stamps, but we have found since our program went into effect April 1 that they are fearful of the lien, and they are also fearful their neighbors will find out about it.

They have a sense of pride. Some of them have saved money to be able to prepare for their burial when they are no longer alive.

When we tell them what the resource allowance is for food stamps or for aged assistance they are unwilling to reduce this amount.

We have tried to convince them this would be the proper thing to do, but when they sit with tears streaming down their face saying, "But I have gone hungry to save $1,000 or $1,100, I can't do it at this point," you have no recourse but to let them go.

Another aspect of this that I think of, are the people without assistance, who are on public assistance and are getting the maximum of $80 in the State of Indiana. Their needs may be $140, their rent in some instances and utilities are $70 which leaves them $10 a month for food and other things.

For this reason I feel if some program can be developed that meals could be furnished these people for a very nominal amount. It would help them.

I feel in this bill there should be a provision this would not be deducted in any way from the amount they receive.

There are some individuals only living on their social security and many of these individuals are proud people. They worked hard. They don't want to come in and ask us for any kind of assistance.

For this reason, I feel they too should be given this alternative that if they need food we should see that they get it.

I believe in the food stamp program. I sponsored this in my own department. It has been a big help, but again, the elderly people are the ones who are not coming in to apply. They are very hesitant about it.

Mr. Brademas. Thank you, very much.

I will turn you over for questions from Mr. Hansen.

Mr. Hansen. Thank you, Mr. Chairman.

We appreciate your statement. You made some very pertinent observations that I think go to the heart of the reasons for this legislation.

You made a reference to the sense of pride that older people and others have commented on that, also. It is suggested that this feeling of pride can be preserved if in any kind of a program designed to furnish meals for the older people there is some opportunity for those who receive meals to make some contribution consistent with their own financial circumstances.

What is your reaction to this suggestion?

Miss Spurgeon. I feel if the person has the means to make a contribution this should be done. It will give them a sense of self-respect.

But I think it should be on the basis of what they can afford to give, not what is required for everyone. I think we should have a sliding scale.

Mr. Hansen. Apparently this is the pattern in which the Meals on Wheels program is setup. Those who have discussed it with the committee seem to think that this is an important feature.

I expect we would have to anticipate however, there might be some who couldn't give anything and there has to be some provision made to provide meals for them.

Miss Spurgeon. This is the point that disturbs me. If they have to pay for the meals even a nominal sum, for instance if a person has $10 a month for food it would be hard to afford to pay even $1 a day.

Mr. Hansen. I think one of the witnesses this morning made a reference to a woman paying 25 cents. That is all she could afford but apparently it was a matter of great pride with her that she could pay that amount.

Most of these programs anticipate one meal and in many cases the meal is delivered to the home on the basis of two meals a day.

Do you think the main objectives of this program can be met with the delivery of one well-balanced nutritional meal either at the home or served at one central location?

Miss Spurgeon. I feel it could. It is my opinion older people don't eat as much as when they are middle-aged or younger and if they have one, good, well-balanced hot meal a day they could get along with two meals.

Mr. Hansen. I have no further questions.

Thank you, very much.

Mr. Brademas. Miss Spurgeon, one of the suggestions for changing the bill under consideration which has come up from many witnesses is that responsibility for administration of the program should not be assigned to the Department of Agriculture but rather to the Administration on Aging in that the Administration on Aging has primary responsibility for programs focusing on problems of the aging.

Do you have any comment on that point?

Miss Spurgeon. I would say either the Department could handle it, but one thing I would ask is that it not be handed to the Welfare Department because we have so many problems now that we don't know how to control some of them. I would prefer if there is any way to keep it out of our department that it not be given there.

I really feel the Department of Agriculture should be responsible for this, particularly if there is going to be surplus commodities in the preparations of the foods.

Mr. Brademas. I think it is safe to say there is not much support for providing this program through the Welfare Department system.

What is the population in Elkhart County, Miss Spurgeon, if you can give us that, of persons 65 and over.

Miss Spurgeon. Now you have me.

I can give you the total population.

It is 110,000. I can't give you the age 65 and over.

Mr. Brademas. Another feature of this bill places great emphasis on out-reach. That is, to be sure that persons who are eligible have an opportunity to participate and know about the program.

Do you have any comment about that?

Miss Spurgeon. I feel the program will need a lot of education and a lot of publicity. The thing that concerns me is people in the smaller communities in the county how they would be reached by such a program.

Mr. Brademas. The bill as originally drafted by Mr. Pepper provides for the furnishing of a site for the nutrition programs as close as possible to the areas in which older people might be found to be living. But it seems to me from the testimony so far this would be one of the most important problems for us to resolve because there may be people who are unable to come to a site at all but must be provided their meals in their homes.

Miss Spurgeon. This is true and of course, there is no transportation such as buses. The only way these people could go would be neighbors or taxi which would be quite expensive.

I feel in establishing this is should be in centers close to the area where they have the heavier need.

Mr. Brademas. The final observation I would make, Miss Spurgeon, I was quite struck by the sentence in your statement that "some elderly people have gone without food to save a thousand dollars for burial."

That seems to me to be not a situation of which we ought to be proud if people in our rich society find themselves in that kind of a dilemma they have to make a choice between eating and having enough for providing for their own burial expenses.

Miss SPURGEON. To explain further on this, a person who applies for old age assistance can have at the present time, $350 resources which can be used for burial. This is the maximum. If they have $1 over they are not eligible.

If they have insurance of say, $1,000 it must be reduced to $350. This is hard to do when they scrimp on meals for ways to pay these premiums.

In order to buy food stamps they can have liquid assets of $650. If they won't reduce it there is nothing we can do about it.

Mr. BRADEMAS. Your statement has been most helpful to us. We thank you very much for having come here.

Our next witness is Mrs. William Atwood, accompanied by Mrs. Russ R. Kennedy.

Mrs. ATWOOD. No, Mrs. Kennedy is out of town.

Miss Showalter, who is the dietitian at the Elkhart General Hospital, will appear.

STATEMENT OF MRS. WILLIAM T. ATWOOD, DIRECTOR, MEALS ON WHEELS, AND MISS SHOWALTER, DIETITIAN, ELKHART GENERAL HOSPITAL, ELKHART, IND.

Mrs. ATWOOD. Thank you, Mr. Chairman.

I am Mrs. William Atwood. I have been serving as the Director of the Meals on Wheels program here in Elkhart for the past 2½, close to 3 years now.

My statement was compiled by many of the people who work on the program.

While we recognize the need for provision of meals for certain persons in our community many of whom are elderly, some disabled or temporarily unable to provide nutritious meals for themselves, it is our opinion that the provisions of these meals as prescribed in H.R. 17763 would be totally ineffective in this community for these reasons:

The elderly in this community are scattered throughout the area and could not easily assemble at a central location, especially in cold weather. The possible exception might be residents of two low-cost housing buildings in which case two separate programs would be needed.

It is our experience that nearly all of our possible clients in the Meals on Wheels program, surprising to us, are able to afford the menial charge made by the existing programs. Those who are welfare recipients are offered the program at reduced cost, but nearly all are unwilling to take advantages of this because of an unwillingness to adjust their present pattern of food intake. They are fairly set in their ways and don't like the food.

Approximately one-third of our clients are on special diets which would make the use of surplus commodities somewhat difficult.

There are many persons who are not 65 years of age and are disabled in the sense they are unable to provide for their own dietary needs who would not be covered.

The social and recreational needs in our community are partially covered by two organizations in this area and those who are ambulatory are able to attend.

The local community has been very responsive to the nutritional needs of the elderly both financially and in terms of volunteers hours and the need for Federal assistance seems unnecessary—at least the projected cost does not appear to merit the cost involved.

Mr. **Brademas.** So, you really do not have any problems in Elkhart in this respect.

This is the first community I have visited that I have heard that.

Mrs. **Atwood.** Surprising to us.

Mr. **Brademas.** That's wonderful.

What is the population of 65 and over?

Mrs. **Atwood.** I cannot give you that right now.

Mr. **Brademas.** You use the phrase "nearly all of our possible clients." There must be some judgment as to how many people qualify.

Is the Meals on Wheels program applied to the city of Elkhart or Elkhart County?

Mrs. **Atwood.** The city of Elkhart and as far as we can make arrangements.

We talked to people in Goshen about the possible extension of the program over there. We are hopeful of getting some sort of program there on relays which has worked out fairly well.

However, as far as our possible clientele most of our are referred, well, in the beginning through their doctor; usually people being discharged from the hospital or through word of mouth.

Everyone we have met pretty much have been able to, we have said we will make this adjustment, pay what you can and they say, no, that is just fine, we will be glad to pay.

We have had some cases where some people couldn't pay anything. We have service groups who carry the word to those people.

Mr. **Brademas.** Whom do you include in the group of persons who would qualify for a meal?

Mrs. **Atwood.** Anyone who cannot take care of their own food needs at home.

Mr. **Brademas.** That is from preschool?

Mrs. **Atwood.** No. Usually we have some disabled people who can live in their homes but can't cook a hot food meal.

We have some couples, but mostly individuals who live alone and are elderly.

Mr. **Brademas.** Is there an age cutoff?

Mrs. **Atwood.** No.

Mr. **Brademas.** The reason I ask these questions is because I am trying to get a definition. As legislators we deal in hard facts and when you say nearly all of our possible clients are able to afford the minimal charge, then I am trying to understand the definition of the phrase, "possible clients."

In other words how many people in the area of service do you include in the definition?

Mrs. **Atwood**. Those we have heard of with a need. We are only taking those who have the problems that come to our attention.

Mr. **Brademas**. That comes to your attention?

Mrs. **Atwood**. Yes.

Mr. **Brademas**. If they don't come to your attention?

Mrs. **Atwood**. We try to reach out as far as we can.

Miss **Showalter**. We have pursued all the possibilities because the meals are prepared at the hospital. We have limited space.

As someone has suggested almost all churches have adequate kitchen facilities which a program such as Meals on Wheels could be utilized.

Mr. **Brademas**. How many meals do you serve in a day in the Elkhart Meals on Wheels program?

Mrs. **Atwood**. We have 28 and 34 has been our highest we have had.

Mr. **Brademas**. Up to 34?

Mrs. **Atwood**. Yes.

Mr. **Brademas**. So that you would judge that that would pretty well exhaust the number of clients in the Elkhart community?

Mrs. **Atwood**. No.

Mr. **Brademas**. I am not sure that I am clear.

Miss **Showalter**. We have not done much publicity because of the limited space we have to prepare them, rather than exhausting the amount of people.

We have not set any limit. We would be able to handle more.

Mr. **Brademas**. The lack of space has just been suggested or the shortage or relatively low number of persons who might need service. That is the reason you have so low a number of persons that you serve?

Mrs. **Atwood**. We have a great number of people and this matter of pride is very important.

Mr. **Brademas**. I am delighted in a county of 110,000 people there are less than 30 people who are in need of this kind of service.

I think Elkhart can take great pride in that kind of a record. That is not what we have found in other communities in the country.

It would be very helpful, certainly to me and I am sure to the subcommittee, if we could perhaps, at your convenience, receive from you some description of how you carry on the mechanics of your program because other communities might well learn from what you are doing here in Elkhart.

There seems to be an extraordinarily successful program here.

You also make the point of special diets and surplus commodities. As I understand Mr. Pepper's proposal, it would not be essential to provide these nutritionally balanced meals that he has contemplated solely from surplus commodities, but I appreciate the point that you have made.

Thank you.

Mr. Hansen.

Mr. **Hansen**. Thank you, Mr. Chairman.

As I listened to your statement, Mrs. Atwood, it seemed to me your comments were right on the point as to these needs.

You stated the welfare recipients are offered the program at a reduced cost and many are unwilling to take them because they are unwilling to adjust the food pattern intake.

Would you amplify on that, please?

Mrs. **Atwood.** I could give you an example. We found we have some people who have been on the program for a week or two discontinue because, well, for instance, they like to eat bologna and a little beer. They have eaten them all these years.

Some of the older gentlemen do not like the spinach and such. The people who do call in quite a lot have definite food preferences. We try to make as many adjustments as we can.

Mr. **Hansen.** What you are saying is they do not want to spend money for something they don't like as well as what they can get eating hand-to-mouth as they have been?

Mrs. **Atwood.** We have gone back two and three times with volunteers, people who have done social work. We have gone back to see if they couldn't make some arrangements so the people could have the meals. They have said, "Thank you, but no, thank you."

Mr. **Hansen.** I understand these are people who in your judgment have food patterns who do not provide them nutritionally balanced meals and are then willing to change those patterns?

Mrs. **Atwood.** Yes.

Mr. **Hansen.** So that they do have a meal that is nutritionally balanced?

Mrs. **Atwood.** Correct.

Mr. **Hansen.** It is true then there is a need?

Mrs. **Atwood.** Yes.

Mr. **Hansen.** There is a need?

Mrs. **Atwood.** Yes.

How to get people to accept these meals is the problem.

Mr. **Hansen.** It is an interesting point. Several others have made the same point in these hearings that there is a need for an educational effort in connection with this program to make people aware of what is a nutritional meal and aware of the importance of it and they get at least one every day.

So, it would be correct to state there is an obstacle especially when you are dealing with elderly people who are not willing to change.

Mrs. **Atwood.** Yes.

Mr. **Hansen.** The point was made this morning to many young people on a diet of Coke and potato chips.

Mrs. **Atwood.** Yes.

Mr. **Hansen.** Another of the obstacles you made reference to I am very much aware of coming from a more sparsely populated part of the country is there are many who are in remote places where a meal program provided at a center for which there is no answer at all. They may be 50 or 20 miles from the center and the need is still there.

Do you have any suggestions for a program such as this or any other means that you might devise to meet most of the critical needs of the nutritional needs of the elderly people who live in the sparsely populated areas?

Mrs. **Atwood.** I did have a question.

I noticed the proposed funding was 90 percent. I wondered if it needed to be that much. We are overlooking one of our greatest resources in America and that is our volunteers.

I think if things are fully funded people hold back and from the volunteer standpoint, why should I go out and help. But if you say, look, we need you; there are more of them who are willing.

I do not think any of our clients could come out. We have had a few, one or two who could pick up the meals, go somewhere to get them. But for the most part they cannot get out at all unless someone went and got them.

But even if someone went and got them, they would be in a wheel chair. It is physically impossible to take them to the places.

Utilizing volunteers is an extension and I think there could be great possibilities. In this county the churches I mentioned are a great possibility if they have funds for the purchase of food and so forth.

Mr. **Hansen.** My observation on the Meals on Wheels program it seems to me one of its great strengths is it does have this reservoir of volunteers who help and they are available and utilizes this very effectively to keep the cost down.

It strikes me out of all of this, is this, is what we would have to try to devise in the final legislation that you do have volunteer help that is available and can be organized.

There is surplus food which can go along with it. There are a great number of kitchens that are idle and can be utilized with some input of money and with the construction of administrative machinery we can mobilize these resources to meet the needs.

Mrs. **Atwood.** I think you would have to involve the volunteer transportation of some sort because there is not any transportation.

Mr. **Hansen.** To what extent can you utilize the older people themselves on a partially paid basis?

Mrs. **Atwood.** Most of our drivers are older people.

Mr. **Hansen.** Are they paid something?

Mrs. **Atwood.** No. They even donate their gasoline. It is surprising how many of our volunteers who are office workers—we don't have any paid personnel except the hospital and as the program we have no paid personnel. It comes out of what we pay the hospital for the meals.

The office workers for the large part are people who are retired. A large number of the drivers are retired.

Mr. **Hansen.** Thank you, Mr. Chairman.

Mr. **Brademas.** I have just two more questions.

Do you receive any funds at all from the United Fund here?

Mrs. **Atwood.** No.

Mr. **Brademas.** Are you completely self-sustaining?

Mrs. **Atwood.** Yes.

Mr. **Brademas.** Mr. Hansen and I were here last night urging people to contribute to the United Fund to help meet your $840,000 goal.

You may also be interested to know that Congressman Reid, my other minority colleague, from New York who was with us this morning, and I were cosponsors to the amendment last year to the Older Americans Act establishing a program initiated by Mr. Reid known as RSVP, retired senior volunteer program which we put together really in response to President Nixon's 1968 call for more attention to volunteerism in American life.

The program is now law but we do not have any funds for it; but at least we are moving in that direction on our subcommittee.

I know that both Mr. Hansen and I are grateful to you for giving this additional evidence and the constructive role the volunteers are playing in Elkhart in the Meals on Wheels program.

Mrs. **Atwood**. It was one of the greatest surprises of our lives that we did not have to seek additional funds. We were originally funded by several organizations in small amounts in order to buy the equipment to carry the meals.

We wanted to subsidize some people but we have not had very many at all on that basis. Our program has been self-sustaining. We have been able to do it this way.

Mr. **Brademas**. Thank you.

Mrs. Showalter, I appreciate your taking the time to be with us today.

Our next witness is Mrs. Florentine Warskow.

We are very pleased to have you with us.

STATEMENT OF MRS. FLORENTINE WARSKOW, PRESIDENT, SENIOR CITIZENS CLUB

Mrs. **Warskow**. Thank you, Mr. Brademas and Mr. Hansen.

First I would like to say that this amendment to the Older Americans Act is very timely and very much needed.

You know I am primarily here because I am the president of the Senior Citizens, among other things.

Years ago, however, I worked for a doctor in South Bend and I lived in South Bend, too. I lived there many years and I worked for this doctor for over 25 years. He was a typical family doctor if you know what I mean. The kind of a doctor that once he had the patient in the family he took care of that family and after the children were married and had children he took care of their family and so on and so forth.

His very first patients became his friends. He was really a very good family doctor. That is where I learned what it takes to be a good senior citizen before and afterwards.

After that it seems I had an ambition or something and I came to Elkhart and operated a nursing home for 10 years and sold it.

I thought I was retired and one thing after another it seems I get busier every year, and glad to be.

A well-balanced diet containing adequate amounts of protein, calcium, iron, and vitamins, prepared in such a way that the whole meal is eaten is desirable.

Much research is needed concerning nutrition in the aged, such as their requirements for protein, calories, minerals, and vitamins. Commercial food supplements are necessary in many cases, and especially where disease is affecting the nutrition of the aged.

A balanced diet is most effective when combined with some degree of physical activity. The type of activity depends on daily activity throughout youth and middle age, and must not be injected suddenly into the life pattern of an aged person.

Some older persons who have been somewhat health minded in younger years would be able to ascertain and understand the need for energy foods, so on in later years.

But many older folks would not, so the logical place to receive such information would be through the yearly checkup and their family physician if they can afford it.

I believe it is one of the most important things for older Americans to have a health checkup each year if they can afford it. Medicine and physicians' fees are expensive and retired folks should have some kind of discount.

Since 1966 the cost of health care has been climbing at an average annual rate of 7 percent, well above the rates of increase in other consumer prices.

Since the beginning of 1966 doctors fees have jumped by 29 percent and hospital charges by 59 percent.

The amount of money to be spent on food affects the proportional expenditure for the different classes, of food.

Weight of food alone cannot be used, since a part of that weight may be water, which relatively increases the cost, but lessens the amount of nutrients.

Cost per 100 calories places the comparison on the common basis of energy yield, but again no fair conclusions can be drawn as to the economy of the foods because their content of protein, minerals, and vitamins is no more measured by the energy value of the food than by its total weight.

Probably the best plan that has been suggested is contained in the classification of foods into groups and the expenditure of a certain percentage of the food budget for each group.

Such a plan, was suggested and issued during the World War, advised the division of the money spent for food into fifths as follows:

One fifth, more or less, for vegetables and fruits;

One fifth, or less, for meat, fish and eggs;

One fifth, or more, for bread and cereals;

One fifth, or less, for fats, sugar, and other groceries and food adjuncts.

Now, if we all hope hard enough maybe our medical scientists will come up with a nonsenility pill and then we will all be young and useful and happy forever.

Mr. BRADEMAS. Thank you, Mrs. Warskow.

That takes me back to the days of Ponce de Leon. We used to read about him searching for the Fountain of Youth.

I suppose what we are trying to do now is to find the good meal for the elderly, and indeed, for all of us.

We will begin the questioning with Mr. Hansen.

Mr. HANSEN. Thank you, Mr. Chairman.

Our thanks to you, Mrs. Warskow for a very fine and helpful statement.

I was particularly interested in the observation on the need for some kind of daily physical activity which comets from earlier life which leads to the question that has come up in the course of the hearings sort of bearing on the importance of providing the meals at some central location as contrasted with delivering them to the home.

If older people are able to come to a central location this would appear to fulfill the need for daily activities. I would like to hear your comment on the relative values of serving the meals at locations where persons could come to participate in a kind of a social activity, as well as having the meals as against the delivering of the meal individually to one's residence.

Mrs. **Warskow.** Yes, I believe that would be feasible. You have a good idea there. Perhaps have some sociability while they get their food or if they wish they could even eat it together there.

If it is not too long a walk everyone should walk. That is an important exercise, walking.

Mr. **Hansen.** Do you tend to limit the home delivery to those?

Mrs. **Warskow.** Who really need it.

Mr. **Hansen.** Who are really not able.

Mrs. **Warskow.** Right.

Mr. **Hansen.** To come to a central location.

Mrs. **Warskow.** Yes.

By the way before I forget you were asking about how many senior citizens in the county. The last report I got was a little over 2,000.

Mr. **Hansen.** Over what age would that be?

Mrs. **Warskow.** Over 65.

Mr. **Hansen.** The county?

Mrs. **Warskow.** Yes.

Mr. **Hansen.** The county is about 110,000?

Mrs. **Warskow.** Yes.

Mr. **Hansen.** The area we are talking about is about 10 percent.

Mrs. **Warskow.** Yes.

Mr. **Hansen.** Of the population of those over 65.

One additional estimate we had in the hearing this morning was about roughly 20 percent of those people had some need for the kind of service that was contemplated by this meal.

If that were the case, we are talking roughly about 2,000 in the county who may have some need for services that will help give a more adequate diet.

Mrs. **Warskow.** Yes.

Mr. **Hansen.** Thank you.

Mr. **Brademas.** How many members are there in your senior citizens' group?

Mrs. **Warskow.** About 70 in this group.

Mr. **Brdemas.** Are they based here in Elkhart?

Mrs. **Warskow.** Yes, sir.

Also, I am organizing an Elkhart area chapter of the American Association of Retired Persons, too.

Mr. **Brademas.** Do most of the members of your group find themselves fairly well taken care of insofar as getting a well-balanced meal a day?

Mrs. **Warskow.** I believe so. I never heard the complaint.

Mr. **Brademas.** Are they mostly retired or are they employed?

Mrs. **Warskow.** They are retired.

Mr. **Brademas.** All of them are retired?

Mrs. **Warskow.** Yes.

Mr. **Brademas.** Are you a member of the chapter of the National Association of Retired Persons?

Mrs. **Warskow.** Yes.

Mr. **Brademas.** Are there other senior citizens' groups with whom you maintain contact in the community?

Mrs. WARSKOW. Yes, there are.

There is another one called the Friendly Pioneers in Elkhart, but they are not connected with the Senior Citizens State Council.

Mr. BRADEMAS. Your statement has been very helpful. I was especially struck by the last sentence in which you remarked upon the importance of older Americans getting an annual health checkup and about the great expense of medicine and physicians' fees.

You may be interested to know that on the third of October which is a Saturday, at 9 o'clock in the morning, we will have a conference on medicare and ways of improving the program and afford a forum for people who have criticisms on the operation of the program and suggestions for improving it.

The forum will be held at South Bend, also in the public library there. I hope you and all of the members of your club will feel very free to attend.

Mrs. WARSKOW. October 3?

Mr. BRADEMAS. Yes.

You may give us any ideas you may have or raise any questions that you may have.

Mrs. WARSKOW. That is the first Tuesday; isn't it?

Mr. BRADEMAS. No, that is a Saturday.

Thank you. Your testimony has been very helpful.

Our final witness today is Mr. Ivan Weaver, manager of Greencroft Village in Goshen, Ind.

Mr. Weaver, we are very pleased to have you with us today, sir. We look forward to hearing what you have to say.

STATEMENT OF IVAN WEAVER, MANAGER, GREENCROFT VILLAGE, GOSHEN, IND.

Mr. WEAVER. Thank you, John.

I am Ivan Weaver, manager of Greencroft Villa, at Goshen, Ind.

Greencroft's activity up to now has been primarily in the area of providing independent living apartments for eligible people for whom the task of maintaining their own homes has become too difficult.

As you know, Mr. Brademas, Greencroft is presently expanding its facilities to include an extended care facility and hopefully in the near future will also add an assisted living facility.

While Greencroft's present facility is composed of providing independent living accommodations, a central dining room within this facility also provided the opportunity to share with others across a table in a well prepared and nutritious noon meal for those who elect to use its services.

This service, as well as others of the extra kinds of services which Greencroft provided for its residents have also been made available for senior citizens in the community.

One objective of the Greencroft philosophy has been to respond to the needs of the larger community. Our meal service is accordingly serving several nonresidents of the Goshen community who have found the task of preparing well balanced nutritious meals too difficult.

Many times it seems to us that the psychological and social benefits received while sharing the meal are a close second to the nutritional benetfis.

While our experience in providing these kinds of services for Greencroft residents and nonresidents has been quite limited it seems clear that some real basic values are obtained where these services are supplied.

It is apparent that there are many persons in our community, living alone in various degrees and for varied reasons, limited in their ability to any longer adequately supply these various services for themselves.

It seems to be only good logic to assume that these conditions are similar in every other community and no doubt to an even greater degree in many areas.

In the light of my interests and concerns I have carefully studied bill H.R. 17763. It is my conviction, Mr. Brademas, that the bill, if passed and properly implemented could do much in meeting some of the basic needs of our aging persons.

I was impressed with the bill's proposal to respond to the needs of not only those who cannot afford proper food but such also who do not have the skills, as well as, those who have lost the incentive to prepare nutritional meals and eat alone.

I was enthused about its emphasis on providing these services at centers, wherever logical, inasmuch as I am thoroughly convinced that there are deep psychological and social vacuums in many cases that present as great a need as the improperly nourished body or may even become the cause of improper nourishment because of loss of incentive. Hopefully the center could also provide the occasion for other types of activities and services.

I was especially concerned with the method of allotment of these funds. If my interpretation of section 703 is correct the allotment of funds would be made through a State appointed agency with the provision that if a State fails to qualify such agency for the purpose of receiving and implementing a program, allotments may be made directly to an organization, institution or agency within that State when an acceptable plan is provided.

I would hope, Mr. Brademas, that you would do all in your power to preserve this element of the plan for making allocations so that in the event a given State fails to qualify to receive the allocated funds its citizens will need to be deprived of its benefits as was the case in the present Older Americans Act provisions.

I hope that you will continue to promote H.R. 17763 and can see it through to become enacted as an amendment to the Older Americans Act.

We appreciate the privilege of testifying in this hearing. Our prayers are with you as you continue to work for the best interests of this great Nation of ours.

Mr. **Brademas.** Thank you, Mr. Weaver.

Mr. Hansen.

Mr. **Hansen.** Thank you, Mr. Chairman.

I particularly appreciate the points you made. It has come up many times in the course of this hearing that there is great psychological value in serving and eating a meal in an atmosphere where older people can participate in group activity.

Would it be your observation then that to the extent possible a program such as this should be administered in the way that it provided the maximum incentives to people to come to some central location?

Mr. **Weaver.** I feel that this is correct.

It seems clear that not everyone could be reached in this way. I definitely feel wherever a person is able to come to a central location and share the meal with other people this is much to be preferred.

Mr. **Hansen.** Could you make any estimate as to the number of persons who might be served by a program such as this that would be necessary in order to make it a feasible operation?

Mr. **Weaver.** No, I could not.

We have not advertised. Those who have come to us have come of their own volition and inquired whether it would be possible for them to receive meals there and we have received them.

Because of a limited space we feel we really can't expand with this type of a program. We are just not in a position to do it.

Mr. **Hansen.** I understand Greencroft is a facility where people reside.

Mr. **Weaver.** Right.

Mr. **Hansen.** Also take their meals in a central location.

Mr. **Weaver.** Yes.

Mr. **Hansen.** How many are there?

Mr. **Weaver.** For the meal?

Mr. **Hansen.** How many live there?

Mr. **Weaver.** 109 at the present.

We have a number who come in regularly for the noon meal.

Mr. **Hansen.** They live in the nearby area?

Mr. **Weaver.** In the community, not on our premises, yes.

Mr. **Hansen.** What distance would they come in an average?

Mr. **Weaver.** One is quite close within approximately six blocks. A number of others are about a mile away and they drive there.

Mr. **Hansen.** Do they pay the entire cost of the meal?

Mr. **Weaver.** Yes, they do.

Mr. **Hansen.** What does that run?

Mr. **Weaver.** We sell them a week's ticket for $8.25 which provides seven noon meals for the week.

Mr. **Hansen.** Do you have occasion to utilize the services of any volunteer help in the course of the preparation of the meal?

Mr. **Weaver.** No, we do not.

Our help is all paid help.

Mr. **Hansen.** So, the amount you are speaking of covers all the cost you would have to pay for it?

Mr. **Weaver.** Up to this point it does.

Mr. **Hansen.** They come for the noon meals?

Mr. **Weaver.** Yes.

Mr. **Hansen.** Do you find that one good nutritionally balanced meal meets the essential needs if they have one during the day?

Mr. **Weaver.** Yes, it does.

I notice the bill calls for one-third of the daily required need per meal. I think where one meal is provided it should be increased to more than a third, probably so one good nutritionally meal is provided and the rest is not too difficult for them.

Mr. **Hansen.** Thank you.

Mr. BRADEMAS. Your statement was very helpful.

Can you give the subcommittee some judgment on the number of the population 65 and over in Elkhart County?

Mr. WEAVER. The national average is 10 percent as I understand. I am under the impression Elkhart County is just about the national average.

Mr. BRADEMAS. That would mean approximately 11,000 people?

Mr. WEAVER. Yes.

Mr. BRADEMAS. You say there are many persons in the community, are you referring to Elkhart County or the Goshen community?

I have been trying to get some more specific picture of how many persons we are talking about and/or what the needs are.

Mr. WEAVER. We have been in operation 3 years and we have filled our facility to its limits. We have applications for enough to two-thirds fill it again.

Through my interviews with these people I learn what some of their needs are. As a result of this contact with them I have come to this impression. I have not made a survey or anything of that type.

Mr. BRADEMAS. I should think it would be rather useful if one were able in a given community to make some judgment, when one is making an inventory as it were, of community needs in education, health, and problems of the aging, for example. One would surely want to get as accurate a judgment as possible on these matters so we could get a clear picture of the dimensions of the problem.

I was also struck, and I take it Mr. Hansen was also, by your statement that you could provide seven hot meals a week for $8.25 and do so with paid employees; is that correct?

Mr. WEAVER. Yes.

Mr. BRADEMAS. In the Meals-on-Wheels program, who we just heard testimony from this morning, charges people I believe $1 for each meal that is served, but it is provided by volunteers.

That is really quite impressive. I think it is a great tribute to you.

I was impressed also, as was Mr. Hansen, by your appreciation of the central points in this bill, not only the provision of a nutritional meal but also a concern to do so in an atmosphere that would be helpful psychologically, and emotionally make their lives richer. Finally, I think you are the first witness to call attention to section 703 of the bill which makes possible direct funding of the program.

If the State does not want to participate, there ought to be no reason, and I believe it is the philosophy behind that section, why a given community should be penalized because the State isn't interested.

As you know, Indiana only this year was one of the last two States in the 50 in the Union to agree to participate in the Older Americans Act programs.

Our people had been denied, the older people had been denied the benefits of the Older Americans Act program because of this failure to participate.

I have one other question, Mr. Weaver. We have discussed with other witnesses the problem of educating older persons to an awareness of a need to eat nutritionally balanced meals, and I know that this is something that must give Mrs. Atwood a great distress, and Miss Showalter.

Do you have any recommendations how we could do that job more effectively?

Mr. **Weaver.** I think it is a real job. It needs to be worked at. I think doctors can recommend when the program becomes available to people who need assistance after meals are being provided. I am sure a great deal of work needs to be done in this area.

Mr. **Brademas.** Perhaps it is fortunate we had these young people with us this morning and this afternoon. They can learn early in life the importance of good nutritional habits so that we won't have to be preoccupied with teaching them good dietary habits when they get older.

Thank you very much.

Thank you again to all of our witnesses in Elkhart. Your testimony has been extremely helpful to us.

This subcommittee is adjourned.

(Whereupon, at 4:45 p.m., the committee adjourned.)

OLDER AMERICANS ACT AMENDMENTS FOR NUTRITIONAL SERVICES

THURSDAY, SEPTEMBER 24, 1970

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10:15 a.m., pursuant to recess, in room 2175, Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Dent, Bell.

Also present: Representative Quie.

Staff members present: Jack Duncan, counsel; Ronald L. Katz, assistant staff director; Arlene Horowitz, staff assistant; Toni Immerman, clerk, and Marty LaVor, minority legislative coordinator.

Mr. Brademas. The subcommittee will come to order for the purpose of further consideration of the bill H.R. 17763, a bill which would establish a nutritional program for the elderly.

This measure, as you know, was introduced in the House by the distinguished gentleman from Florida, Mr. Pepper, and is cosponsored by some 95 Members of the House of Representatives of both political parties.

The subcommittee is most pleased to be able to welcome today the distinguished Commissioner of the Administration on Aging, and Special Assistant to the President, the Honorable John B. Martin.

Mr. Martin, we are very pleased to have you with us and regret that more of our colleagues are not able to be here, but we meet at a time when many subcommittees are in session, as you may know, and when there is a drive on to recess Congress.

The Chair uses the word advisedly, because it is his understanding that the House, in any event, will recess in about 3 weeks and that we shall be returning after the election.

So that in the event we don't complete action on this bill before election, there may be a chance to take a look at it after the third of November.

If you would go right ahead, sir, we would be pleased to hear from you.

STATEMENT OF JOHN B. MARTIN, COMMISSIONER, ADMINISTRATION ON AGING, SPECIAL ASSISTANT TO THE PRESIDENT; ACCOMPANIED BY MISS ISABELLE KELLEY, ASSISTANT DEPUTY ADMINISTRATOR OF THE FOOD AND NUTRITION SERVICE, DEPARTMENT OF AGRICULTURE; HON. STEPHEN SIMONDS, COMMISSIONER OF THE COMMUNITY SERVICES ADMINISTRATION, SOCIAL AND REHABILITATION SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; AND HON. THOMAS BRYANT, ASSOCIATE DIRECTOR, OFFICE OF ECONOMIC OPPORTUNITY FOR THE OFFICE OF HEALTH AFFAIRS

Mr. MARTIN. I have a longer and more complete statement, but I would like to work from a summary version.

I am pleased to be able to appear before the distinguished chairman of the Select Subcommittee on Education of the House Education and Labor Committee today to discuss H.R. 17763, a bill which proposes to establish a nationwide nutrition program for the elderly.

I am accompanied by Miss Isabelle Kelley, Assistant Deputy Administrator of the Food and Nutrition Service of the Department of Agriculture; the Honorable Stephen Simonds, Commissioner of the Community Services Administration, Social and Rehabilitation Service of the Department of Health, Education, and Welfare; and the Honorable Thomas Bryant, Associate Director of the Office of Economic Opportunity for the Office of Health Affairs.

Miss Kelley is here in connection with her responsibilities for administering the food stamp program. Mr. Simonds administers the agency in HEW that will be responsible for implementing the proposed social service amendments to the Social Security Act. As you know, the OEO Office of Health Affairs includes the emergency food and medical services program, which has given OEO considerable insight into the nutritional needs of older persons.

I will present the position of the administration on H.R. 17763. At the conclusion of my statement we will be pleased to answer any questions which you may care to ask the members of the panel.

The Administration on Aging, as you know, Mr. Chairman, has long been concerned with achieving effective solutions to the complex nutritional needs of the elderly. Because H.R. 17763 addresses itself specifically to those needs, I wish to congratulate Congressman Pepper for bringing this worthy concern to the attention of the Congress.

Before I launch into a discussion of H.R. 17763 itself, I would like to take this opportunity, Mr. Chairman, to discuss some of the aspects and benefits of the nutrition programs carried out by the Administration on Aging under the authority of the Older Americans Act.

As you are aware, the problem of obtaining adequate nutrition is a major concern for many of the 20 million Americans in our society who have reached age 65. Preliminary data from the National Nutrition Survey indicates that the diets of the aged in this country are far from adequate.

Moreover, our research shows that the nutritional difficulties of the elderly are frequently compounded by characteristics commonly associated with aging and retirement. Obstacles commonly associated with nutritional difficulties are feelings of loneliness, rejection, apathy, declining health and vigor, and the loss of mobility.

To add to these problems, many aged cannot afford to purchase the food essential to proper nutrition. Close to 5 million adults 65 or older have incomes below the poverty level.

The number of elderly poor in this Nation between 1968 and 1969 rose 3.6 percent. We should all find this fact disconcerting because the elderly are the only age group within the total poor population that experienced an increase in numbers.

Two years ago the Administration on Aging launched some 30 nutrition demonstration projects designed to test alternative means of coping with the various nutritional problems of the elderly. These projects were designed to test techniques for improving the diets of older persons and combating the various social and psychological impediments to good dietary habits commonly associated with aging.

Our nutrition demonstration projects are serving approximately 14,000 meals per week to older persons between the age of 55 and 87. The reported income distribution is broken down as follows: Ninety-two percent of the participants reported incomes of less than $3,000 per annum and 40 percent reported incomes of less than $1,000 per year.

Although the nutrition demonstration projects differed from site to site in the number and composition of their participants, all the projects shared one common characteristic. That of group meals in a social setting. As the nutrition projects matured, we learned that other factors influenced participation in the programs.

As a result, three elements were incorporated into most of the nutrition programs: These elements were: reaching out into the community to locate and reassure those in need of the program; the provision of nutrition education services; and a wide variety of other supportive services such as transportation, recreation, and health and social information and referral.

I would like to emphasize, Mr. Chairman, that the supporting service elements found to be important supplements to the meal component of these nutrition programs are not to be confused with a program of comprehensive social services. The supportive services I mentioned only made the meals more accessible and acceptable to the elderly. They did not attempt to solve the complex of social, psychological, physiological, and economic problems which may burden older citizens.

Another finding of these nutrition projects was that a direct relationship exists between the consumption of meals in a friendly atmosphere and its benefit to the meal participant. Nutrition projects centered around group settings not only resulted in improved eating patterns, but in improved personal appearance and personality as well. Considered from a preventative health standpoint, nutrition programs in a group setting not only meet the emotional needs of the elderly, but they also visibly improve the health, vigor, and desire of elderly participants to live.

Therefore, Mr. Chairman, the benefits of nutrition programs cannot be measured solely by the number of meals served to the participants. Overcoming isolation and loneliness through increased social contacts in a group meal setting is a very important benefit which may reduce the incidence of costly long term medical care among the elderly.

Our program experience has also allowed us to make some cost determinations about meals programs for the elderly, even though this data is based on relatively small pilot projects. The following data is far more significant as indicators of magnitude rather than as precise predictors. With that in mind, I can say that larger nutrition efforts would result in lower costs.

Food costs have been ranging from 38 cents to 66 cents per meal, with an average cost of approximately 50 cents. Food preparation costs, including labor and food service management have been ranging from 49 cents to 72 cents per meal with an average cost of 70 cents where a minimum of 75 persons are served. The supporting service costs are not measurable at this time since all the nutrition demonstration projects have a complement of supporting services which widely differ from project to project.

The significance of this data is that most elderly poor, or those just above the poverty level, cannot afford to pay for the complete cost of their meals. However, that does not mean that the elderly poor do not want to pay for a portion of their meals. Our program experience strongly suggests that not only do most elderly participants want to pay something toward the cost of their meals, but they prefer to do so when they can.

Mr. Chairman, we share the view of the elderly who oppose free meals. The soup kitchen stigma of free meals would make such a nutrition program unpopular at the community level. It is simply not in the public interest to start a nutrition program which reminds citizens of a less fortunate time in this Nation's history.

Only an adequate minimum income allowance will suffice as the ultimate answer to many of the major problems the elderly face in our society. We must recognize that the Nation cannot solve the income maintenance problems of the elderly through reliance upon service programs alone. This is not to say, however, that service programs to meet the urgent needs of older persons are not required.

Mr. Chairman, I will now turn to an analysis of the bill before us today, H.R. 17763. Before doing this, I would like to preface my remarks with an observation: Any analysis of a legislative proposal designed to provide services to the elderly should balance projected costs against the type of delivery system proposed, its administrative capabilities or deficiencies, its capacity for linkage with other delivery systems, its degree of responsiveness to local needs, and its adaptibility to different locales.

With that in mind, Mr. Chairman, I can say with conviction that while this Administration shares the ultimate goals of this legislation, we do not believe that a categorical grant program focused on nutrition alone really satisfies the full interests of the elderly.

What is at issue then is not the merits of the objectives of H.R. 17763, but the proper approach for meeting the full array of needs of the elderly for social services, including nutrition services. In order to do this we must evaluate the ability of the Federal Government, the States and local governments to meet those needs in an efficient and effective manner.

The President, in his message to the Congress on April 30 of last year, identified a major problem which categorical grants have caused when he said:

> However laudable each (grant) may be individually, the total effect can be one of government paralysis.

"Seen as such, the question of organization and procedure becomes central, not peripheral. It is not a mere housekeeping function, but the most important task we confront", in the words of Secretary Richardson.

Mr. Chairman, we believe that the best approach that the Nation can take to solve the nutritional problems of older persons is one which integrates nutrition services into a system of comprehensively delivered social services. Therefore, while we favor additional efforts to meet the nutritional needs of the elderly, we must oppose the enactment of H.R. 17763.

As an alternative, the Administration has developed a four-part proposal which is directed toward the objectives of H.R. 17763. We believe that it will meet these objectives within sound fiscal and administrative requirements, and that it will result in the improved delivery of social services to older persons.

This four-part proposal consists of the following parts:

1. Introducing amendments to the proposed title XX of the Social Security Act to permit financing this program from a large and flexible source;
2. Conducting a major test of the provision of nutrition services to the elderly, as an integral part of a more comprehensive social services network;
3. Increasing the availability of convenient places in which to deliver nutrition services to the elderly; and,
4. Providing technical assistance to the State and communities to facilitate the development and local delivery of nutrition services for older persons.

Shortly the administration will submit to the Senate an addition to the proposed services amendments to the Family Assistance Act. This would include the addition of nutritional services for the elderly among those individual and family services for which Federal bloc grants will be made to the States. Specifically, title XX will be expanded to include nutrition services to persons who have attained age 65 and are unable or not motivated to prepare nutritionally balanced meals. Prepared meals to the homebound, education and nutrition information, and transportation would be included as elements of this proposal.

In addition, the administration will propose amendments that will provide that in a community which elects to make nutrition services available to its elderly, all other persons who desire to receive such services can do so on a first come, first serve basis. Also, communities may charge a fee for these services to all participants.

The administration's intent in proposing these amendments is to capitalize on the strengths of the proposed new social services structure by making optimum use of all the social services in a more efficient and effective manner. The recognition and inclusion of nutrition services as one of many important social services will help communities to understand that nutrition services are not ends in themselves.

Under this proposal there would be an agency responsible for individual and family services in each community throughout the country. These agencies would prepare an annual plan tailored to the needs of the community which, in essence, would provide for a reasonable balance of services to all people in the community who desire and need such services, without categorical distinction.

Some of the features of the social services proposals that bear directly on the successful implementation of nutrition services for the elderly are:

(1) The separation of administration of cash assistance programs from the provision of social services;

(2) The decentralization of decisionmaking authority to areas within States and to the States themselves. Decentralization will allow older people in the community to band together to compete for their fair share of available resources;

(3) A commitment to evaluate program progress against specified standards of activity and performance, and for the Federal Government to evaluate State programs every 2 years, insuring a focus on quality not heretofore found in social service programs;

(4) The allotment by the Federal Government of grants to States to pay for 75 percent of the costs of programs carried out in accordance with their State plans; and,

(5) An integrated social services delivery network at the local level developed and administered by a single agency.

Mr. Chairman, I want to make clear our position on the proper financing mechanism for a comprehensive service program embodying nutrition services for the elderly. The administration is committed to making programs deliver their promised services to recipients. In the past the Government has tended to pack narrowly focused activities into airtight compartments through the categorical grant system. We believe that the social services program we proposed, embodied in title XX, offers a delivery network of sufficient scope to deliver the purposes of H.R. 17763.

The large-scale resources available in that program may then be tapped at the discretion of the area involved and specifically adapted to local needs.

An approach structured along the lines we are suggesting would be an important addition to the significant steps already taken by this administration and the Congress to improve the well-being of the Nation's older citizens. Our estimates show that total outlays by the Federal Government for the elderly this year will be more than $40 billion, including OASOHI benefits.

Moreover, significant and wide ranging administration initiatives which will affect the elderly are currently before the Congress.

These include:

A five percent increase in old age and survivors insurance benefits, in addition to the 15 percent increase enacted last December.

A provision for automatic cost-of-living adjustments in old age and survivors insurance benefits.

The proposed family assistance plan, which would ensure a monthly income of $110 for every eligible older person.

In States which elect Federal administration of the adult categories under the family assistance plan, procedures designed to enhance the dignity of applicants for old age assistance so that more of those eligible for old age assistance will find participation acceptable.

One can see, Mr. Chairman, that these proposals reflect a strategy that is directed toward enabling the older person to be more independent in deciding how to spend his available resources.

We recognize that no society can do enough for its aged citizens and that is particularly true in a difficult fiscal period such as the one in which we find ourselves today.

We believe that under title XX we can deliver nutrition services to older persons, improve the delivery to them of other social services, hold the line on Federal outlays and strengthen State government. H.R. 17763 on the other hand, delivers nutrition services but does nothing to improve social services delivery to the elderly, increases Federal outlays, and represents another example of the Federal Government imposing priorities upon the States and localities.

If this Nation is to move logically forward in the provision of a nutrition program for the elderly, it should be doing it by integrating nutrition services as part of a comprehensive delivery system of social services.

In order to do that we need additional knowledge about the actual operation of a network of social service systems, one of which would be nutrition.

Therefore, in order to provide the States with the information they need to operate a nutrition program within an integrated system of social services, the Administration on Aging, the Community Services Administration, and the Office of Economic Opportunity propose to conduct a test to determine exactly how nutrition services, as part of a network of social services, would function at the State and local level.

Information would be gathered on the possible patterns of statewide organization and the administration of these programs, on the various mechanisms for linkages between nutrition services and other health and social services, and other related factors such as cost control techniques, demand prediction patterns, and the involvement of private enterprise in the nutrition effort at the local level. The design and scope of this test is presently under review.

The third element of our proposal, Mr. Chairman, is concerned with steps that can be taken to make sites where nutrition services can be delivered more available, accessible, and acceptable to older participants. We believe that this can be accomplished without using scarce resources for unnecessary construction. All communities in this Nation contain ideal facilities for the delivery of nutrition services for older persons which are substantially underutilized.

Guided by the fine example of the Commonwealth of Massachusetts, we intend to encourage the use of school lunch facilities as sites for delivering nutrition services to the elderly. In addition, we intend to expand the use of common dining facilities in housing for the elderly developed under sections 202 and 236 of the Housing Act, where such facilities exist, so that residents and nonresidents alike may receive nutrition services.

The final part of our proposal is technical assistance. We know, Mr. Chairman, that because most communities have never attempted a program of nutrition services for older persons, and because no communities have yet undertaken to deliver these services as part of a social services network, they will need considerable help in getting started.

Another advantage of the alternative we are presenting is that the Department of Agriculture will not be required to become involved in the myriad of details which are intrinsic to the administration of a grant program.

Instead, the resources of the Department of Agriculture, the Administration on Aging, the Community Services Administration, and State agencies on aging can be mined in the form of technical assistance for the benefit of local communities.

Last, Mr. Chairman, I would like to discuss food stamps as they pertain to the elderly. In my testimony before the Senate Select Committee on Nutrition and Human Needs on September 10, 1969, I mentioned that the food stamp program contained possibilities for more diverse types of utilization by older persons.

At that time, I visualized the possible exchange of food stamps by eligible elderly participants for hot meals in a group setting, or for home-delivered meals.

The report of the President's Task Force on Aging encouraged the Government to permit the elderly to use food stamps to pay for prepared meals. As you know, the major food stamp bills now before the Congress include provisions that would allow older persons to exchange food stamps for hot meals.

A variety of suggestions has been discussed, both within and without the Congress, concerning the use of food stamps by the elderly. Essentially, these suggestions can be grouped into two categories:

(1) Allow elderly participants in the food stamp program to exchange stamps for hot meals served in a group setting or delivered at home.

(2) "Cash out" food stamps for the elderly so that the minimum floor for their income provided by the family assistance plan can be raised.

We are aware of these suggestions and are currently studying them.

During our interchange today with the members of this subcommittee we are most eager to obtain an expression of your opinion concerning the relative merits of each approach to food stamps for the elderly in exchange for prepared meals.

In closing, Mr. Chairman, and distinguished members of the committee, I would like to reiterate that the administration shares with you a deep concern for the older American in this Nation. We feel that all that can be done ought to be done to improve the circumstances of our older citizens. That is why we have proposed the four-pronged alternative to the nutrition program discussed here today.

We feel our approach is a surer, more effective, and more efficient means of moving this Nation toward the objectives that underlie H.R. 17763.

That is the end of my statement, Mr. Chairman. The panel will be glad to respond to your questions.

Mr. BRADEMAS. Thank you very much, Mr. Martin.

As I read your statement, I am almost reminded of what Lord Keynes once said, "In the long run, we are all dead."

I am glad that at least we are agreed that we share a concern for the well-being of older citizens, because I take your statement to be very bad news for older Americans, and in some of my questions I would like to try to develop that.

I am interested in your reference to the social services amendments to the family assistance plan now pending before the Senate Finance Committee. I just attended a meeting with some of the House leadership a little while ago, and at least the report I saw there, I think there is one Republican vote in the Senate Finance Committee for that bill. I should have thought that the prospects for the passage of that bill, certainly within the next month, are certainly not at all bright.

Correspondingly, the prospects of the passage of the kinds of amendments you have suggested are not bright, indeed, and I hope you will enlighten me if I am mistaken. I do not believe these amendments were considered in the House, were they?

Mr. Martin. I don't think they were.

Mr. Brademas. Could you tell us what these amendments are?

Mr. Martin. I will ask Mr. Simonds to respond to that.

Mr. Brademas. It is quite obvious that they are going to put you out of business over in his shop, Mr. Martin.

Mr. Martin. Well, they are not trying very hard.

Mr. Brademas. Mr. Simonds.

Mr. Simonds. We would like, instead of putting the Administration on Aging out of business, to support it in every way we can so that it becomes the primary advocate in Government for the needs of the aging. We want to incorporate the innovations and the kinds of programs that the Administration on Aging has demonstrated are needed by the aging in our comprehensive basic services program.

The philosophy behind social services amendments to the welfare reform bill are that services to individuals will be strengthened to the extent that they are provided in a comprehensive program instead of a scattered, random selection, shotgun approach.

The bill unifies the social services authority and funding now placed in several different titles of the Social Security Act, and combines them into one new proposed title, title XX.

It also defines more carefully and more clearly what a comprehensive program of individual and family services should be in this country. One of the principal features of the entire proposal is that this system of individual and family services should be separate and apart from, and no longer tied to, the categorical assistance programs of aid for the aged, blind, disabled, and dependent children.

Under the proposal all who need services of one kind or another, whether of low, middle, or high income, would have access to them for some kinds of services there would be provisions for payment of fees when the ability to make such payments exist.

The amendments also feature or suggest an answer, I think, one of the most complex and difficult problems facing us in social services and human services in this country: the scattered, uncorrelated, uncoordinated approach to providing services. The bill would provide substantial incentives and encouragement for State and local agencies to consolidate their human services programs.

Mr. Brademas. How would you do that?

Mr. Simonds. The bill would say to the chief elected officials in the State, the Governor's office, that if they wished to combine more than one of the HEW service programs, they may do so, and they are encouraged to do so, and come up with a single plan for the administration of those combined services instead of separate, individual plans with their separate, individual rules, regulations and separate funding authorities.

The bill would encourage this by permitting them to transfer up to 20 percent of the funding from one of these programs to another, by permitting waivers of certain nonstatutory regulations and requirements in order to provide a unified program——

Mr. **Brademas.** Is that, for instance, what Mr. Martin had in mind when he said in his statement that if your proposed social service approach to this particular problem were implemented that older Americans would have an opportunity to compete for their fair share of the services?

Mr. **Simonds.** They would be able to compete on a better basis, I would say, and they would with a program that is not part of the comprehensive package.

Mr. **Brademas.** What kind of competition do you envisage? Mr. Simonds, what you are in effect saying is that you would have, in each State of the Union, appointed by the Governor of the State, your counterpart, as it were, who would be in charge of running all these social services out of the Governor's office, and he would have the responsibility for determining up to 20 percent, if that is the limitation, what kinds of services would be moved from one program to another, as it were.

Is that the idea?

Mr. **Simonds.** Yes; except that it is not given that it would be my counterpart in a State agency who would be designated by the Governor to administer such a consolidated program.

As a matter of fact, we would encourage the Governors to look across the board and perhaps create a new entity.

Mr. **Brademas.** I understand that, but my point is, in terms of the kinds of responsibilities he would have, he would be in effect your counterpart. You are proposing a cradle-to-the-grave operation centered in your office, as I understand what you are saying. If I am correct in my appreciation of the administration's social services proposal, you want to take another program that is within the jurisdiction of this particular subcommittee, the preschool and child day care program, and put that in, and you are also proposing that these programs for the elderly would be run out of your shop.

Is that correct?

Mr. **Simonds.** The operating aspect of services for the aging; yes.

Mr. **Brademas.** That is why I describe your operation as a kind of centralized cradle-to-the-grave proposition.

Mr. **Simonds.** Mr. Chairman, the bill would unify what are known as the social services, but these are only one category of human services. The bill does urge the Governor and elected officials to go beyond social services programs to look at health programs and education programs and other human services programs to package with these.

So, the bill is addressed to more than just the State counterpart to Federal social services programs. The broader scope of human resources programs is involved.

Mr. **Brademas.** What is the substantive definition of "social" contemplated in your proposal for social services?

In other words, what kinds of services are you talking about offering? It is clear, if I understand you accurately, that, and this is all news to us, you must understand, in the House of Representatives, we have never heard your social services proposals before, and that is why these are important.

Your proposals are important for another reason. I have already suggested that you have put Mr. Martin out of business, and you are putting this subcommittee out of business and give it all to Mr. Mills. I have great regard for Mr. Mills, but I have no more desire to see his committee run the entire Congress than to see your office run all kinds of social services in the country.

What services do you have in mind?

Mr. SIMONDS. It would be disastrous if Mr. Martin's programs were to go out of business. It would be disastrous, for example, for my programs.

Mr. BRADEMAS. How long have you been in Government?

Mr. SIMONDS. About two and a half years.

Mr. BRADEMAS. Have you ever known, in your experience, how anybody could be an effective advocate if he doesn't have anything to operate?

Mr. SIMONDS. That is an interesting point of view. There are those who say one cannot be an effective advocate of a program if he operates the program, too.

Mr. BRADEMAS. I have never heard of a bureaucrat saying that he wants somebody else to have a chance to spend the money, and all he wants to do is make the recommendations. I think you understand what I mean.

Mr. SIMONDS. Yes, I do.

The term "social services" is a difficult one, and for that reason a substitute term "individual and family services" was adopted in title XX. Basically, they constitute services and activities clustered around several major areas, if I may cite those.

Mr. BRADEMAS. Please.

Mr. SIMONDS. First, services that are designed to help people become self supporting, to support the manpower training programs, to help people with whatever services are needed to get into these programs and to stay in them, to maintain their activity in such programs.

Second, services and activities concerned with preventing family breakdown. Specifically the bill cites marital counseling.

Third, services clustered around self-care and protective services for vulnerable adult groups, such as aged, blind, and disabled people who are in institutions and should not have to remain there, who can get back into their own homes or their community, persons who are unable to act on their own because of physical, emotional, or mental infirmities, and need assistance from other sources, particularly vulnerable adult groups.

Next, services designed to provide protection for children who may be in danger of neglect, exploitation, or abuse, and beyond that, services designed to promote healthy growth and development for children.

Mr. BRADEMAS. What is the contemplated personnel that you would require in your own shop to administer this program in the first year in which the administration is proposing that the social services amendments should be carried out?

Mr. SIMONDS. We are in the process of developing a specific budgetary request. It is still in the Department. It has not been forwarded. With the exception of some additional positions requested in the 1971 budget, obviously we are not going to get, in a day of budgetary restraints, all of the personnel that we feel would be required to do the ultimate job.

We do have a specific request, and some indications, I think, that our staffing will be augmented by approximately 15 percent over what we now have.

Mr. BRADEMAS. What would be an initial year cost, Mr. Simonds, of the operation of the social services amendment as the administration has proposed it?

Mr. SIMONDS. The initial year's request is at this moment $555 million.

Mr. BRADEMAS. And then—you don't know what your figures are.

Mr. SIMONDS. Plus, by the way, another $150 million earmarked for foster care and adoption services.

Mr. BRADEMAS. Does this include the day care component of the family welfare reform bill?

Mr. SIMONDS. No, it does not, sir.

Mr. BRADEMAS. Yet, it is proposed that you would be administering that program out of this shop, is it not?

Mr. SIMONDS. No. That question has not been settled. The appropriation would go to the Department, and a determination would be made as to which unit would be administering the day care funds.

Mr. BRADEMAS. Do you think that you could get for us—I take it it would be very simple as a xeroxing operation some outline of the dimensions of the social services amendments, what it is specifically that the administration proposes, how much money are you planning to expend on these various programs, and what its impact on your personnel would be?

(The information referred to follows:)

SUMMARY OF SOCIAL SERVICES REFORMS IN THE FAMILY ASSISTANCE ACT

I. INTEGRATION AND COORDINATION OF HEW PROGRAMS

a. Twenty Percent Transfer—in return for submitting a Consolidated Plan covering any HEW service programs they wish, Governors and local officials may transfer up to 20% of funds from any included program (no more than a 50% increase in any program). Provides flexibility to match Federal programs to meet local needs.

b. Government Assistance Program—up to $30 million annually available for grants to the offices of Governors and local officials to build planning and management capacity across all HEW programs. Help for State and local governments to assume new responsibilities under the New Federalism.

II. FOSTER CARE AND ADOPTIONS

1. A seven-fold increase in Federal effort—rising to $175 million.
2. Provision of a floor of $300 per child for foster care plus establishment of minimum national standards.
3. Provision of special reimbursements to aid in the adoption of hard-to-place handicapped children, and funding for a national adoptions information network.

III. INDIVIDUAL AND FAMILY SERVICES

1. Added accountability for performance through fixed-level appropriations, specific agreements with States to provide measurable services, and publication of evaluation results.

2. Special funds—$200 million over 4 years—to help equalize service expenditures among States and to work toward a nationwide floor of services.

3. Complete separation of services from cash assistance in both administration and eligibility determination.

I. THE PRESENT SOCIAL SERVICES SYSTEM

The Family Assistance Plan proposes basic reform of the present cash assistance system to provide income support to people in a way which preserves dignity, family stability and work incentives.

Correcting the basic causes of dependency requires more than income support alone. An equally fundamental reform now needs to be undertaken for the rest of the welfare system—public assistance social services. Income support programs must be joined with effective social services if the basic causes of dependency are to be attacked.

Present social services do not effectively fulfill the needs of their clients:

Social workers spend most of their effort on the investigation and paper work associated with eligibility for cash assistance, putting services in direct competition with enforcement and serving neither purpose well;

Because they control the flow of welfare dollars to recipients, social workers often seem to their clients to be snoopers or policemen and cannot effectively perform a helping, service role;

The caseworker system has overemphasized counseling activities and underemphasized the provision of "hard" services such as homemaker care when somone is sick, housing assistance, foster care, and the like;

There is little accountability built into the system since the Federal Government has an open-ended commitment to provide 75% matching funds for whatever amounts the States wish to commit; for this and other reasons, Federal social services expenditures have gone up from less than $275 million in 1968 to more than $550 million in 1971, with great variety in scope and quality of programs between the States;

Federal service programs have created a patchwork of overlapping efforts at the local level that are difficult if not impossible to coordinate (for example, a single family could effectively benefit from locally-based services programs funded from more than half of 210 project grant programs and nearly all of the 50 formula grant programs supported by the Department).

II. PROPOSALS FOR SOCIAL SERVICES REFORM

The Family Assistance Plan completely redesigns the administration of the cash assistance program and provides incentives for shifting administration to the Federal level. By helping to relieve the States of the burden of administering cash assistance, it provides them with an opportunity to effect major improvements in their program of services.

The Administration now proposes to reform these welfare services in a series of companion amendments to the Family Assistance Plan. This set of amendments will focus on reforming the social service programs under the Social Security Act and promoting better coordination across the whole range of HEW service efforts.

1. COORDINATING AND TAILORING HEW PROGRAMS TO MEET LOCAL NEEDS

a. *Twenty Percent Transferability and Other Measures.*—Overcentralization of decision-making at the Federal level has served to sap State and local initiative. Inflexible Federal rules and categories prevent the tailoring of programs to meet State and local needs.

Under the proposal, States and localities would be offered incentives to coordinate and integrate their service programs in return for the submission of a Consolidated HEW Plan meeting certain requirements.

A Governor could include any HEW-funded service programs he administers, and plan approval would permit him to *transfer up to 20% of his Federal grant funds from any one included categorical program to another of higher priority* (although no program could be increased in funding by more than 50%). This critical reform would allow Governors and local officials to tailor Federal programs to better meet State and local needs.

b. *Government Assistance Program.*—A new program would provide funding for projects to improve the planning and management capacity of chief executives at the State and local levels. The effort to decentralize program decisions and to increase flexibility for State and local officials must be joined with Federal assistance to help these officials deal with their increased responsibilities.

Up to $30 million would be made available annually to permit Governors and Mayors to undertake activities such as comprehensive planning and program monitoring across the whole range of HEW programs, personnel training and exchange programs between levels of government and the private sector, technical assistance, building information systems, and other policy management functions. Projects would be supported for up to three years with Federal funds, after which the grantee governments would be expected to pick up the expenses for activities that have proven their worth.

2. FOSTER CARE AND ADOPTIONS

In recent years the Federal financial effort in the critical Child Welfare Service area has leveled off at about $50 million. In the particularly important areas of foster care and adoptions, both funding and standards have lagged seriously behind need. The responsibility has been left largely to the hard-pressed public and private agencies at the State and local levels. The Federal Government will share less than 10 percent of the costs of the foster care effort in 1971, even though good foster care and adoptions programs more than pay their own costs in terms of lessened institutional expenses and remedial programs later on.

The Administration proposes to increase the Federal foster care and adoptions effort by seven-fold, from an estimated $25 million for this purpose under the Child Welfare Services program in 1971 to $175 million in the first full year of operation under the new program.—This is part of the Administration's larger effort, including also the addition of almost $400 million in new funds for quality day care under the Family Assistance Plan and the creation of the Office of Child Development, to greatly expand and improve our programs directed at the first five years of life. Included in the new program will be:

Provision of a Federal floor of $300 per year for support of foster children, together with development of minimum standards of care;

Major new financing for administrative activities in support of foster care, including the development of more foster family homes (which are preferred to institutional care), and working with natural parents to reduce the need for foster care and return children to their own homes;

Reimbursements to adoptive parents based on their financial ability to meet the medical or remedial needs of handicapped and hard-to-place children;

Funding for a nationwide adoptions information exchange network to bring together children needing adoption and families waiting for adoptive children.

3. INDIVIDUAL AND FAMILY SERVICES

In place of the present social services programs which are now spread among six parts of the Social Security Act, a new Title XX would be added to the Act creating a consolidated program of Individual and Family Services.

a. *Program Structure and Activities.*—States could provide a broad range of protective and supportive services available without cost to any individual or family with income below the poverty level. These services would be aimed at preventing dependency and family breakdown, promoting child development and child care, protecting especially vulnerable groups of children and adults, and enabling aged and infirm persons to live in their own homes instead of in institutions.

Services to achieve these goals include services in support of manpower programs, family planning, homemaker services, child care, family and marriage counselling, and temporary emergency assistance and services in times of crisis.

States wishing to avail themselves of 75% Federal matching funds must agree to provide a balanced program of services to meet these goals.

Governors would designate State and local agencies to sponsor the program, but mayors of cities over 250,000 population would be given authority to designate sponsors for their cities and to draw up local plans.

b. *Accountability.*—The new program would emphasize accountability for fund use and results. A fixed amount of Federal funds would be made available on a yearly basis to the States, in place of the present open-ended appropriation over which the Deprtment has little fiscal or quality control. States would enter into agreements as to specific activities and services they would provide and against which their performance could be measured. Evaluations of each State's programs would be conducted at least every two years, and the Secretary would be required to transmit these evaluations to the news media in the State.

c. *Equalization.*—Widely varying State effort has resulted in an uneven distribution of Federal funds among the States. Accordingly, a special equalization fund of $50 million will be made available in each of the first four years of the program designed to bring the low effort States up to the 1971 national average of Federal service expenditure per poor person. This is consistent with the approach of the Family Assistance Plan, which attempts to assure the provision of a nationwide floor of assistance.

d. *Separation of Services from Welfare.* A key element of the proposal, long sought by reformers, is a complete separation of the Individual and Family Services program from cash assistance eligibility and administration. This is accomplished, first, by making eligibility for services entirely separate from Family Assistance or categorical welfare eligibility. A family or individual would not have to be on welfare to get service, nor do welfare recipients have to be subjected to unwanted services or social worker attention. Anyone below the poverty line would be eligible for free services, and the States could extend assistance to those above the poverty level in return for the payment of a sliding scale fee based on income. Second, the States are required to separate completely the administration of the cash assistance and services programs, using different personnel and agency structures.

Mr. Brademas. Because as I see this, and you will forgive my questions, aside from the fact that that is my responsibility, and to reiterate, this is all brand new to us, and in all candor, I think most members of the House of Representatives see the titanic nature, and not to overstate the case, of what it is that is being proposed here, I think that there will be without question shock waves spread, at least across this side of the capital, and not all of them will be accompanied by shouts of joy.

But that is another matter. You were explaining the way in which the social services amendments would operate, and I interrupted you, so go ahead.

Mr. Simonds. I would add two other types of services. There were nine categories in the bill, and 10 with the addition of nutrition services for the elderly.

The other two kinds of services specifically highlighted in the bill are information referral services, and emergency services. Information services provide that there be a single point in a community where total information about human resources is available, where one will have actual personal assistance getting to those resources if he needs it, so that the local title agency sticks with him through the process and becomes his advocate, as it were, and if such services are not available, undertakes activities to mobilize such services in his neighborhood.

So information referral services, we think, is a key service, the other category, as I said, is emergency services.

We all know that crises occur in the lives of individuals and families, and that they do not permit waiting for hours and days, so we seek to provide a service that can respond on a minute's notice at any time of the day to human emergencies.

Mr. Brademas. Has the administration thought through, with respect at least to this nutritional program, implications of getting the Congress to pass the Welfare Reform bill, particulary given the new social service amendments that you have just suggested?

I mean what do you do in the meantime?

Life goes on for older people.

Mr. Martin. We are not just living on hope, because we think it is going to pass.

Mr. Brademas. Yours is a simple, childlike faith, Mr. Martin.

Mr. Martin. Faith is necessary in this business, Mr. Chairman.

Mr. Simonds. Adding to Commissioner Martin's statement of faith, while this bill is under debate, and many features are being debated and negotiations are in process, we have discovered that one of the most attractive aspects, both in and outside of Congress, is the consolidation proposal. We are hearing loudly and clearly from communities and neighborhoods that our human services business is a bit chaotic in the way it is organized, administered, and delivered.

But as to what we do if it is not passed, there is legislation providing a great deal of the same authority on the books now. While the legislation has a categorical tie-in, it contains authorities that will permit us to go some of the way. We think that we need the total bill to do the job right, but we can make some progress, without it.

Mr. Brademas. I might just say for your information that I voted for the President's proposal in the House of Representatives, unlike a lot of my colleagues on the other side of the aisle, so I feel all the more entitled to raise serious questions about them.

One of the points you both made in your statements is that Mr. Pepper's proposal is a categorical grant one. Mr. Martin, you made the point very forcefully, by way of supporting the logic of your proposal, that the nutrition program should be included as part of the overall social services, that it isn't a good thing to provide people with food unless you provide them with everything that goes along with it.

I was somewhat surprised, however, on whatever page of your statement it is where you are making the point—it is on page 10—that this is a categorical grant program focused on nutrition alone.

I am sure you have read the bill, and you will appreciate that that is not what the bill under consideration does.

Mr. Martin. I tried to cover that point. We recognize that the bill does provide for certain services, but, as I pointed out in my statement, the services that are included in the bill do not constitute a full range of social services. They do constitute services which we refer to as supportive services, and which are helpful and desirable in developing any nutrition program, particularly transportation to and from the site, some information and referral, some education, limited services of that kind, but not a full range of social services.

Mr. Brademas. Of course, as you are aware this was not intended as a full "cradle to the grave" bill.

Mr. Martin. We understand that it had a limited purpose.

Mr. Brademas. On the one hand, the apple is criticized for not being an orange, but I would call to your attention that on page 11 of your statement, or page 12 of your statement, you talk about increasing the availability of convenient places, and if you turn to the bill, you will see that the question of providing a site for such nutrition programs is contemplated by Mr. Pepper's bill, also.

You refer to the need to provide technical assistance to the States and communities to facilitate the development on delivery of nutrition services.

I think if you look at section 702 of the bill, you will find that that is in the bill.

Mr. **Martin.** I am aware of that.

Mr. **Brademas.** The reason I draw this to your attention, is because your criticisms seem to suggest that some of these provisions that you think are good are not in the bill, but quite obviously, any honest reading of the bill would indicate they are in the bill.

Mr. **Martin.** Not at all. The four proposals that we suggested were suggested as a part of a total package. I wasn't intending to suggest that none of that was included in the bill.

Mr. **Brademas.** I appreciate that, because it is very important that we do not misrepresent the purpose of the bill, and I think that to suggest that this is a narrow categorical grant bill of the kind that you have been criticizing would not really be accurate.

On page 13 of your statement, I notice, for instance, the phrase, "nutrition services are not ends in themselves."

Who can take exception to that? Food is not an end in itself, but that doesn't mean that food is not indispensable to human life.

I also am puzzled on page 5 of your statement. I honestly just don't understand the English that is there, and whether you want good grammar or good policy, but maybe you could explain that sentence beginning, "It is only . . ."

Mr. **Martin.** The grammar could be improved there, Mr. Chairman.

Mr. **Brademas.** I suppose that is a misprint. We will chalk that down to the typist.

Mr. **Martin.** The meaning of the sentence, I think, is clear enough. Our belief is that a program of nutrition services is not, even if including some supportive services, the same as a comprehensive social service program. The latter in our opinion is desirable. Nutrition services ought to be available as part of a social services package.

Mr. **Brademas.** On page 12 of your statement, Mr. Martin, you talk about including nutritional services for the elderly among individual and family services, for which Federal bloc grants will be made to the States.

Did I understand you and Mr. Simonds to be saying in effect that the proposed new services program, which you have been discussing, would be in the nature of a Federal bloc program for the whole ball of wax?

Mr. **Martin.** That is my understanding, yes.

Mr. **Simonds.** Yes. A determination would be made of the State-by-State allocation, year by year.

Mr. **Brademas.** Is this a kind of revenue-sharing program?

Mr. **Simonds.** It is not revenue sharing in the classic sense. It is for specific purposes, for which there will be detailed and intensive evaluation done, so it is not just revenue sharing.

But it is bringing the social services program into line with almost all of the other human services programs where there are fixed amounts of money allotted to States on an annual basis.

Mr. **Brademas.** On page 19 of your statement, Mr. Martin, you talk about this bill representing another example of the Federal Government imposing priorities upon the States and localities.

You are the Commissioner of the Administration on Aging, so I know you will know the answer to this question: Can you tell the subcommittee what States presently operate programs that provide for nutritional services for the elderly? Or localities? What States, local, county, or municipal governments?

Mr. MARTIN. Well, the State of Massachusetts provides such a program. That is the only State where there is a statewide program. It is not statewide in the sense that every community has it, but it is spread throughout the State.

There are, of course, the projects which we ourselves have helped to fund.

Mr. BRADEMAS. I don't mean those. Obviously I don't mean those in the context of my question.

My question is, can you tell us what States have shown the initiative, in the sense of responsibility and all the rest, to set as their own priority, not imposed by the Federal Government or by Congress or by any administration, from State moneys, from State tax dollars, or from local tax dollars, for nutritional services for older persons?

Mr. MARTIN. Well, this has not been, of course, a State priority up until the present time.

Our experimentation with nutrition services, and the documentation we have been trying to obtain, are for the very purpose of providing information and technical assistance on the basis of which States can establish delivery systems for nutrition services. If they receive the kind of help that we are talking about under the social services amendment, we believe the States will deliver nutrition services, because we think this is an attractive social service, one which is desired by older people, and one which will be successful, as it has been in Massachusetts.

I think Massachusetts is just the beginning.

Mr. BRADEMAS. You say, "We think this is an attractive social service, and one which will be desirable."

If it is such an attractive and desirable social service, why are you not able to point to more than one State in the Union that is conducting such a program?

Mr. MARTIN. While the States have not yet launched any broad programs, they are, however, conducting a number of projects under title III of the Older Americans Act.

Mr. BRADEMAS. You misunderstand my point. I am not asking you what States are doing with Federal money provided by this subcommittee. I am asking you what States are doing on their own. Isn't that a reasonable question?

Mr. MARTIN. The answer is that States are not doing it on their own, but the States have not really been encouraged to do it on their own.

Mr. BRADEMAS. Why do they need to be encouraged, if we don't want to impose priorities on them?

Mr. MARTIN. We think the States should decide on having the operation, rather than having it handed down from Washington.

Mr. BRADEMAS. They have the operation now. There is no law which forbids the State of Indiana, my home State, from having a State-supported program of nutrition for the elderly. I am not aware of it if it exists, and I dare say you cannot show me any State in the Union where the provision of such services would be illegal.

Mr. MARTIN. I am not sure it would be authorized under State law.

Mr. BRADEMAS. That is redundant. That is exactly the question that

I am putting to you, Mr. Commissioner, and I think this is a very important question. It goes to the heart of the whole concept of social services that you are proposing here. We are talking about a very serious matter. I am not just badgering you. We are talking about a fundamental issue in modern American life.

You attack this program on the grounds that it represents an imposition of priorities by the national government on States and local communities, and I say to you, if these priorities are really felt at the local level, by a Governor, or by a Mayor, it is perfectly possible, perfectly legal, perfectly constitutional for them to go ahead and push for the passage of legislation or ordinances at the local or State level which would require the use of State tax dollars or local tax dollars to provide such services.

I am sure you will not take exception to that statement.

Mr. MARTIN. They have done that in other fields. They have not done it in this field, because the whole idea of nutrition services for older people is a relatively new idea. We have been developing the background that we think will be useful to States and people in those States in developing the kinds of programs that you are talking about.

The mere fact that these programs have not been developed to this point in the various States is not an indication that they are undesirable. It is an indication that the need has not been felt, has not been understood, until relatively recently. If States are given the kind of assistance that we think they ought to be given under our proposal, we think that they will pick up nutrition services.

Mr. BRADEMAS. You say they are picking up in concept and concern in the country, but there are conferences known as the White House Conferences on the Aging, there is the action of the Senate Committee on the Aging. There is the establishment by this committee part of the Administration on Aging, which you handled in a very fine manner. There is the Senate Select Committee on Food, Nutrition, and Health.

These are all instances of activities on the part of elected representatives in many cases, may I say, who have not imposed themselves on the electorate, at least not where I live, but who have been freely chosen by the electorate for the purpose of making judgments on public policy.

That is the line of work we are in.

Mr. SIMONDS. Mr. Chairman, could I comment on your question?

Mr. BRADEMAS. Sure.

Mr. SIMONDS. I think it is a terribly relevant one.

The fact that there have not been more initiatives at State and local levels with or without Federal financing—and it would have to have been without Federal financing until recently—I don't think it shows a lack of concern for nutritional and health problems.

Up to now, the States and localities have sought to solve these problems through an income strategy, by asking for better income maintenance levels. They have always argued that the need for such a strategy was to support among other things, decent nutrition.

So, I think, finding that we still have nutritional problems, has been an eye opener. Income maintenance programs have not progressed that well, and even where they have, we still have problems of access, know-how, isolation, and social, psychological and economic needs that income alone has not solved.

So, now we are beginning to move on a different basis.

Mr. Brademas. I am sure that you will be aware that I share with you and most Members of Congress a deep concern about the welfare program and a desire to see it improved, and in my own judgment, President Nixon's Family Assistance Plan is his most thoughtful initiative in domestic policy.

As I said, I supported it, although I have misgivings about it, too. Quite frankly, I don't know that I would support it if it comes back from the Senate with your social services amendment. As a matter of fact, I think I would have to oppose it on the basis of what you have told me today, because I am deeply concerned about the idea that there will be some sort of what Lenin called "democratic centralize" office over there in HEW, some place that is going to be running everything from top to bottom, clear across the board for human beings in this country.

I was brought up to believe there was a lot to be said for pluralism and diversity, and that it was dangerous to centralize too much power.

It is ironic, and I am prepared to be told I misunderstood the program, and I really want to understand it, because it is much too serious just to haggle about, but I really am apprehensive when a program comes forth from the Administration that has talked about decentralization and more local control and more States rights that would in point of fact center such immense power in one shop in one department of the national government.

That, as I read it, means that there is going to be a kind of Federal agent appointed by the Governor in each State with enormous power to decide who gets what, how and when, and as Commissioner Martin said in his statement on page 16, the provision of nutritional services is an issue around which the older persons in the community will rally to compete for their fair share.

The concept that the older people are going to have to be in the arena gouging and elbowing for nutritional services—I am staggered by the image that this conjures up.

Mr. Martin. On that subject let me say: What we would like to see is more State action. We would like to see the States get in with both feet.

Mr. Brademas. Me, too.

Mr. Martin. They don't do enough today. For example, under title III of the Older Americans Act, many States match with only $25,000, the minimum required to earn Federal funds to pay for their administrative operation.

Mr. Brademas. Why don't some of their State politicians go to those people and say, "I am going to vote for more State taxes to do these things," rather than letting us simply be a tax collecting agency.

Mr. Martin. I agree with you on that point. I am interested in seeing more governmental action at State and local levels, and more opportunities for older people to make their voices heard.

That is where older people can do a great job.

I was in Maine yesterday, for example, at a conference where 1,000 older people had come together to discuss—and this is a preliminary to the White House Conference—what they hoped to do. I can tell you that they have an agenda to which, I would suspect, the legislature will pay a great deal of attention, because they represent a pretty substantial part of the voting population.

I don't think it is demeaning to suggest that older people ought to have an opportunity to get in and demand their fair share of whatever the State has, or can raise, in the way of revenue. That is what I meant by that particular sentence.

Mr. **Brademas**. I appreciate that explanation, but I am still concerned about it. As I read what Mr. Simonds told us about the programmatic content of your social services program, you are going to talk about the aged, the blind, the disabled and children who require protective service. These are the kinds of people, Commissioner Martin, that you are saying ought to go in there and compete for their fair share.

Now, I mean that is almost un-Christian.

Mr. **Martin**. No; it isn't un-Christian at all to say that senior adults ought to exercise senior power. They can do it. They are capable, and I would be the first to urge them to do exactly that.

Mr. **Brademas**. Along with the lame and the blind?

Mr. **Martin**. I am not talking about the lame and the blind. I am only talking about older people. I think they are quite capable of getting what they are entitled to—their fair share.

Mr. **Brademas**. Once again, straighten me out if I misunderstand the social services proposal. If it is contemplated that Congress votes the tax dollars and then we say, "Goodby," we give the money to Mr. Simonds, we don't give the money to you, because you are not going to be in the ball game, except as an advocate or a friendly kibbitzer, as I understand it—I am being blunt, because it is too serious to kid about—we give the money to Mr. Simonds, who ships the money off to the various States, who can then spend the money through an official appointed by the elected Governor of that State on any one of the social services which Mr. Simonds listed a moment ago, with the authority for shifting as much as 20 percent of the allocation for any one of these programs to any other of the programs, if I understand your description accurately.

It is that description—and if I have misstated it, Mr. Simonds, I hope you will straighten me out—it is that kind of a picture that concerns me when I raised my question about older people competing. As I see it, what you are saying is that older people could be competing with programs for the blind, for the disabled, and for children who require protective care.

Is that right? Do you see my concern? You have taken groups that don't necessarily, given the American society, find themselves with all of that political muscle, and you sort of shuffled them off to the corner and say, "Here is the food for the day. You fight for it."

If I have misrepresented the program, I hope you will tell me.

Mr. **Simonds**. I think you perceive it differently than we do; certainly the intent is not that.

First, let me clarify a couple of points: at the moment a State agency under the Social Security Act is not required to provide any services for the aged, blind or disabled if it proposes not to do so. It can simply provide financial assistance if it wishes, and that is it.

The new bill, the title XX amendment, would not only separate out services for financial assistance entirely, but it also calls for each State to support a balanced program of services.

While I can't at this moment tell you exactly all the details of what the regulations defining "balance" would be, the intent, I believe, will be to not allow any State or locality to any longer overlook the needs of the aged, blind, or disabled.

Mr. **Brademas.** Who decides whether they are meeting the standards of balance? Do you decide that?

Mr. **Simonds.** The Secretary determines the definition of balance. Furthermore, it is not a program developed in the State capital that is then imposed on all localities. The thrust of title XX is to decentralize planning and program development so that each of the State's service areas will be required to assess the needs of that area, and to develop a program accordingly.

Mr. **Brademas.** What do you do in States where there are very large metropolitan areas? Do you have any set aside, as it were, for them?

Mr. **Simonds.** The bill provides in metropolitan areas of 250,000—or municipalities of 250,000—population and over, the chief elected official may exercise a prerogative: namely, to say that he wishes to designate his city as the service area, and to choose himself the agency to provide the services.

Mr. **Brademas.** My questions have been designed to elicit some answers on what I think is perhaps as significant a new issue that has come along late in a session of Congress as I have experienced in this place. I have been working closely with the distinguished gentleman from Minnesota, Mr. Quie, on a child development program in this committee, and I have been sympathetic to the idea of affording a greater responsibility and role for the States.

As a matter of fact, I have received considerable criticism from some of my colleagues on my own side, because I have expressed that concern, and I have not been among those who have been enormously impressed in 12 years on this committee by all the initiative shown by State governments across the United States. That the Commissioner of Aging should not be able to point to more than one State in 50 in the year 1970 that is doing anything in the way of providing nutritional services for the elderly is an instance of what I mean.

We opened these hearings in Miami, Fla. Now, there are a number of retired citizens in Florida, which is quite obvious, and the State of Florida doesn't even do anything in this particular area.

I should have thought that if it is going to be up to the Secretary of HEW to make a judgment as to whether or not a State is providing a balanced program in these several categories of social services recommended by your proposal, that the power vested in the Secretary of HEW in this respect might well be one which could be described as imposing priorities on States.

Because, as I understand it, under this proposal Mr. Richardson could say to the Governor of Indiana, "You are not spending enough money on older people. Now, you take some of that money out of your family assistance program, and you put some of that money in older people, or we are not going to approve the money under the social services program for Indiana."

In point of fact, isn't that what it comes down to?

Mr. Simonds. It would mean that the Secretary would raise a question with a State where that State's own assessment has revealed the need for, let's say, nutrition services for the elderly, and other related social services—a need which then has been completely overlooked.

A question would be raised on questions of conformity to provisions of the act; yes.

Mr. Brademas. To put it in more direct English, and this is not a personal observation, you are going to be given an enormous power over a wide range of domestic programs over the United States, with immense political implications in every one.

One of the principal criticisms, as I think Mr. Quie will testify, of the Brademas-Quie et cetera child development program that we are getting is that the political pressures from a Governor on up to the Secretary of Health, Education, and Welfare when it comes to the provision of child development services under our proposed bill, will be so great that even if objective experts would agree that a particular State plan does not conform to the requirements of the act of our bill, the Secretary would nonetheless find himself constrained to go along because of the political implications. This doesn't have anything to do with Democrats or Republicans; obviously, it is just the nature of decisionmaking in the Federal Government.

So, I could well see the most immense pressures from people in every State in the Union, saying, "Our Governor doesn't care about old people," or "Our Governor doesn't care about this group," or any of the several groups served by the nine or 10 categories of social services.

That seems to me like a terrific Pandora's box.

Now, the present system we have has many faults and deficiencies, but to some extent, it has the virtue of accountability. Namely, people can throw us out of office every 2 years, but people cannot get at you, really. But they can tell us that they don't like the way we have been legislating these various programs.

I just have one other question, and then I want to yield to Mr. Quie. I think you said, sir, that there are to be 10 different categories in your proposed social services amendments. is that correct, which would be administered in your shop?

Could you list those for us?

Mr. Simonds. Yes, sir.

For reference purposes, it is section 2002 in the title XX proposal, and they are listed under definitions, all 10, and are as follows: First, the basic information, referral and followthrough services I mentioned.

Secondly, the services designed to assist people to get into, stay in, and utilize manpower training programs and education programs.

Thirdly, services to prevent family breakdown, marital counseling, family planning and so forth, all associated with preventing family disintegration.

Next, the self care services to help individuals maintain themselves in their own home, prevent institutionalization and get out of institutions into communities whenever this is possible.

Next, protective services. The country more or less expects that the public services will provide a base of protective services for especially vulnerable groups, and this category refers specifically to vulnerable adult groups, such as aged, disabled, and so on.

Next, the child welfare services, designed to promote child and youth development, and to protect children who are subject to neglect, abuse, or exploitation.

Next, foster care services which have been separately and individually identified as a specific service to receive better funding under the proposal. Foster care services for children, this is.

The next one of the 10 individual and family services is adoption services. They have been strengthened by some specific proposals in the bill.

Next, temporary emergency assistance, which I described earlier. And, finally, the service that will be proposed as an amendment to title XX, the nutritional services for the aged.

Mr. BRADEMAS. Thank you very much, Mr. Simonds and Mr. Martin. I appreciate very much your patience with me in my questions. Your answers have been most helpful.

Mr. Quie?

Mr. QUIE. Thank you, Mr. Chairman, for giving me an opportunity to ask questions. I am not a member of the subcommittee, but I am keenly interested, and the subcommittee on which I do serve could not get a quorum.

Therefore, I was able to spend some time down here. We don't have trouble getting a quorum to hold a hearing. It takes only two and if one leaves, you don't have any one to raise a point of order.

I was interested in listening to your testimony, and I gather, Commissioner Martin, you are saying that the administration wants comprehensive social service programs rather than to continue the categorical, departmentalized services that have been made available heretofore. Is that correct?

Mr. MARTIN. That is correct. This is the whole thrust of what the President and Secretary are endeavoring to do. They have both spoken at some length on different occasions with regard to the difficulties which we get into with proliferating categorical programs. We reach a point where people who are dealing with the Federal Government spend most of their time trying to figure out which program they should be dealing with, and how to prepare the appropriate grant application for that particular program.

The President and Secretary would like to see developed far more comprehensive proposals and programs, and would like to see shifted to the States and localities greater responsibility for decisionmaking involving the spending of money.

This proposal which we have made here simply follows that pattern, and represents what the administration feels is the most desirable course.

It doesn't mean that every categorical program that is in existence is a bad program. But what in effect they are saying is, "Let's not have them proliferate any further. Let's begin to bring about a shift here."

Mr. QUIE. I also understand, and see if I am correct, that the administration does not oppose any of the provisions of the Pepper bill attempting to achieve better benefits for the elderly. Is that right? You want to provide more food for those who don't have sufficient income, and you want to do it in a group setting as well as an individual settings? Is that right?

Mr. MARTIN. Senator Pepper and I both agree—and I think because of the AA experience with the demonstration programs—the great desirability of developing nutrition services for older people.

The question then becomes how do we get those services developed in the most effective way. As is evident, Congressman Brademas and I don't agree on what the most effective way is. The administration believes that adding more categorical programs is not the right way to achieve that end.

Mr. QUIE. It was interesting listening to you and Congressman Brademas discuss the efforts to decentralize and make the administration of programs more effective, because he and I have been engaged in a similar debate and argument over the years we have been in Congress.

At one time, I would have accused the gentleman from Indiana of being antistate, but you can tell by his statements this morning that he isn't antistate.

He might have, at one time, accused me of being anti-Federal Government, but he has observed me over the years and has seen a little evolution in my thinking as well.

As far as Federal programs for feeding people is concerned, I don't believe it was the Federal Government's humanitarian interest that got us into them any more than the fact, as you were able to point out in your colloquy with the gentleman from Indiana, that the States have been neglectful in that area as well.

We got the feeding programs because the farmers were producing too much. We started a surplus disposal program, and after a while we found you could promote humanitarian interests. I think we should realize those of us in public office gain political benfit from being in favor of these programs as well.

We seem to have the advantage on the Federal level of being a little more divorced from the revenue raising aspects than is the case in the State legislature, and much more the case in the local community. The county commissioner is closer to the property tax.

I find the State legislature having a session every 2 years, and they take up the tax matters and authorization matters all in 3 months. They lump that together.

We are able to divorce one program from the other in the Federal Government. Federal revenue increases as the gross national produce increases, through the income tax. That doesn't happen from the property tax, and it doesn't come as fast from the sales taxes in the States.

So, I think this gives us a little more freedom of action, and because of that, I think we are moving into an area that I strongly favor, and that is why I am working with Congressman Foley of Washington for a substitute for the food stamp program, because I don't believe the bill that has been reported out of the House Committee on Agriculture is adequate for this time. It may be from those who look at it from the point of view of surplus disposal, but we get a little different aspect here on the Education and Labor Committee.

Therefore, I would like to ask you some questions about that, because while the substitute bill has not been made public as well, I think you are aware that we are developing it, Miss Kelly is——

Mr. MARTIN. Yes; I am aware of it.

Mr. Quie. Now, the idea that is proposed in the Pepper bill, and what we have been working with on the food stamp substitute, too, is the one for the home delivery of meals, which is the "Meals on Wheels" that you have talked about in the past, and the other is feeding in a group setting.

I notice from your testimony that you have indicated there could be some problems in both of those. For instance, am I right that you were saying there was a small percentage of the people who are homebound who are elderly, and if we provided meals on wheels for everybody, we would tend to make more people homebound, and if we did that, that would be a problem.

Mr. Martin. Our feeling on home delivered meals is that it is a very desirable program for those who must remain homebound. Allowing the exchange of stamps only for home delivered meals, however, encourages dependency in that you are providing many people who are perfectly able bodied with a bonus only if they stay home.

Mr. Quie. In this country we have tended to work toward segregation of people. The effort we made, say, for nursing homes and retirement homes tend to segregate people. Now, they have more social contact with each other in one of those homes than in the individual homes, but I think there is an advantage of association with other people of different ages. We do the same thing with people of different income levels.

Mr. Martin. There is no question, Congressman, that older people enjoy the great benefit of mingling together when eating in a group setting. The demonstrations that we have conducted have shown that this has a great effect upon their health and their attitude, and that generally it makes a great deal of difference even in how they regard themselves.

They came to regard themselves as people having some purpose in life.

Mr. Quie. I think that lends itself to your argument that we ought to have comprehensive social services rather than just run a categorical program, where we try to get as much into the home as possible, and thus add to the isolation of people.

Are there similar arguments that could be used, or cautions that ought to be raised about exchanging food stamps, for instance, for group meals, since this brings the concept of group meals to the fore more than any other programs proposed so far?

Mr. Martin. As far as I know, the principal problems that have been raised there have to do with the mechanics involved.

Mr. Quie. Miss Kelley knows about the mechanics better than anybody else.

Do you have any comment, Miss Kelley, about the mechanics of using food stamps for group meals, and also the adequacy of the stamps for group meals? Would they be sufficient to take care of the meals for people who wanted to eat in a group setting?

Miss Kelley. I think, as the Commissioner indicated in his statement, that it would be necessary to rethink the program. Up until this point it has been very specifically designed for a home feeding operation, in terms of the mechanics of it—the way the stamps are used and redeemed by the purveyor of the food—as well as the value of the allotments and the investment.

Once you extend the use of stamps beyond the home feeding situation, I think you would have to redesign the various provisions including the allotments; whether in a group feeding situation you would use the stamps to provide the food cost or the total cost of the meal; and what other social services might be provided under a fee schedule of money or stamps.

Mr. Quie. What you are talking about is under the food stamp program now, it is all homebound. The family brings the food home and does the cooking. They provide the labor themselves and the electricity or gas. But in the group setting someone else would provide the labor and the additional cost.

Miss Kelley. Yes.

Mr. Quie. How would be the best way to handle that, to secure the additional revenue in a subsidy for the program, like in title XX, or could the food stamps be treated differently for a person who is going to secure his meals in a group setting?

The thing I worry about is if you increase the food stamps, you may encourage more people to do it, and that may cost more for the program for people in families who should be cooking theirs at home.

Miss Kelley. I believe that is a possibility. I suppose basically the problem is one in which you would try to decide how to provide assistance to outside-the-home eating. It could be done on the basis of direct cash assistance and commodities—as we do in an institutional setting such as the school lunch program, or you could combine that assistance for certain people and other people, eligible food stamp participants, would have an extra stamp subsidy.

I think it is a question of which route to go, and in what proportions, but clearly at the moment the coupon allotment is based upon the cost of home food preparation.

Mr. Quie. You watch the Committee on Agriculture closely, I know. Did this come up, or what was the reason for their providing only for home cooked meals or home delivered meals, rather than meals in a group setting?

Miss Kelley. I would have to speculate. I would say that——

Mr. Quie. I know you didn't sit in on the meetings.

Miss Kelley. It seems to be consistent with the concept that we are dealing with a program on home food consumption; that perhaps when one moves outside the home, one might want to have different approaches, such as they are in school lunch. This is what I would speculate, that delivery of meals into the home, on a partial basis, is probably consistent with the concept of a home food consumption program; that might well handle outside-the-home eating more like you handle the school lunch program; that it might be simpler in administration through a cash subsidy—a reimbursement to the institution for food costs, plus the provision of available donated foods.

Mr. Quie. Let me bring this together and ask again, Commissioner Martin, do you then support the concept of making prepared meals available to the elderly both on a home delivery and the group setting basis?

I know you have all the other problems with it.

Mr. Martin. The administration has expressed itself with regard to meals for the homebound. There has been no administration position with respect to prepared meals in a group setting. We have been studying that, and we have also been studying the possibility of cashing out food stamps; that is, providing an amount in cash equal to the food stamp bonus in the place of food stamps. There is no administration position as yet on either of these options.

I can only respond as to my personal feeling about them, and that is that either one of them would be a help, a distinct help. Please remember that is a personal position rather than an official administration position.

Mr. Quie. I appreciate having that, and I am hopeful that we can work out, as you indicated in your testimony, the means of developing comprehensive social services so that there would be coordination and policies developed so that they would not be separated and compartmentalized from each other.

I am glad people on both sides of the aisle now recognize the need for diversity in the programs. We have two efforts being made, one to decentralize in the Federal Government, and the other to utilize the States. Whatever we end up with is going to be a compromise, and that compromise is going to tilt a little bit more toward Congressman Brademas' party.

But I think there is enough merit on each side. I hope it works better.

Mr. Brademas. I don't know what Mr. Quie's reaction would be, but perhaps, Al, the best way for the administration to get the comprehensive social services through is to rewrite the bill and refer it to the Committee on Education and Labor.

I think if you look at the kinds of programs listed by Mr. Simonds there, the members of this committee have been more deeply involved with the substance of these proposals than has the tax-writing committee, and it is most revealing when you look at the day care component of the administration's family assistance program to read the hearings before the Committee on Ways and Means on that subject.

I believe there are just a few pages, and I do not say this to be critical of the Ways and Means Committee at all, because that is simply not their thing, as it were. Almost no questions were put in that committee to witnesses, as I recall, on the substantive programmatic content of a bill that would have such immense impact on the lives of millions of families and children in the United States.

That is a cause, I think, of great concern.

I saw Mr. Moynihan's speech the other day and he was very candid. He is an old friend of mine, and I have great admiration for his wit and his capacity, but he was very candid. He is the first person that I have seen in the administration to go right on the record in a speech he made over here in Virginia or some place the other day, saying that Congress should be doing nothing more—I think I do not misrepresent him—than be a tax collecting agency, and that is it.

We collect the taxes and send them back to the Governors and the Governors decide how the money is to be spent, and don't even invite Mr. Quie and me to the ribbon-cutting ceremonies.

I am in agreement with our distinguished colleague, Mr. Byrnes, in a speech he made in Green Bay a couple of weeks ago, which was placed in the Wall Street Journal editorial, with which I am pleased to associate myself, noting that it is profoundly dangerous to Government in a free society, in a society that pretends to be democratic, to separate the spending power from the taxing power. It really is a heavenly situation for Governors to contemplate that Mr. Quie and I have to vote all the taxes and they spend all the money, and they don't have to be worried at all about accounting to the electorate for raising all those revenues.

I just have a hard time understanding that kind of proposal, and it is quite obvious that Mr. Byrnes feels the same way about it.

Mr. Quie. Would the gentleman yield?

Mr. Brademas. Of course.

Mr. Quie. I would like to quote Daniel Moynihan, also, and this may be patting us on the back as Members of Congress, but it indicates how important the Congress, the voice of the people, is in determining basic policy for the Federal Government.

It was some years ago that both Congressman Brademas and I engaged in some discussion with a group of people who were, I might say, considerably more liberal than myself, although I tend to be a little bit of that nature among Republicans.

They asked him at that time while he was with the previous administration in the Department of Labor why it was the administration sent up a manpower program and permitted it to be changed so much. I recall him saying that the administration had neither the courage nor the intellect to make the proposal that we made in the Congress.

I hope he remembers that when he makes speeches as he did out in Virginia, that that is still true, that no matter how they try in the administration, it is extremely beneficial to have individuals who have studied this for a long time and also are responsive to the people of their district, the voters of the country, to have a voice in writing these policies.

Mr. Martin. In view of our discussion here about the decentralization of decisionmaking to the States, I might comment that we have in the Administration on Aging one of the few bloc programs—the title III program. We allot a certain amount of money to each State for aging, and they spend it with the broadest kind of authority.

The result has been that in the first place, they have had to take responsibility for deciding on the allocation of their resources, and in the second place, it has encouraged all kinds of initiative and experimentation and development of new ideas in the States. If we had had the program running the way some of the categorical grant programs are run, we would have told them what to do, and that would have been it. The program would have depended entirely on our initiative. As it turned out, however, we have had 50 laboratories developing new ideas and it has been very good for the elderly. The States have developed a lot of ideas that we never would have had, I think, if there hadn't been so many people working on it who had authority to go ahead and spend some money on their own and take responsibility for it.

Mr. Brademas. I appreciate that point. I also agree with what Mr. Quie has just said, and want to make two quick points.

I do think that all of us tend to fall into over-generalizing when we talk about bloc grants and categorical programs, because many categorical programs are so broad in terms of the options and decisionmaking authority they allow to local or State authorities. In a sense like title I of the Elementary and Secondary Education Act, which has a specific purpose, namely, improving education in the areas where the money goes, the local public school officials can spend the money any way they decide.

Now, is that a categorical grant or a bloc grant? It obviously has characteristics of both.

The other point I would make, following on what Mr. Quie has just said, is that in my own judgment the fact that Members of Congress have to chew over these programs as much as we do, and that they are normally not written in a few weeks or a few months, but sometimes take years, and the fact that we are accountable to our constituents for both raising money to *fund the programs* and for *authorizing* the programs, means that we get a great deal of feedback from our constituents—"the shoe pinches" argument.

It also means that we as individual legislators, whether we intend to do so very often or not, help win acceptability and develop consensus in support of programs—which is extremely important in a country of a couple of hundred million people with immense diversity—so that the people aren't tearing themselves apart all the time on these programs.

I think if you look at Jim Sunquist's book on how a number of Federal programs were written under the Kennedy administration, he describes the Johnson administration, I think, more accurately, you will find some of the programs that came out under Democratic administrations, got into trouble out in the country because those programs were all written downtown, and Congress had relatively little to do with chewing them over and working them out and negotiating and putting into the funnel, as it were, all of the tensions and feelings and interests of people. Therefore, we were not as identified, and we didn't do as effective a job in generating acceptability.

You will have a very hard problem, I predict, if we were to pass your proposal overnight, assuming it is a marvelous proposal, and let's assume it is a perfect proposal, if we were to say, "Go ahead and administer it," without our having a chance to chew it over, I predict you would find enormous flak across the country, because we have been so divorced from the policymaking process, we are not very good advocates of your programs.

Even programs that Mr. Quie and I might vote against, when we go back to our district and people ask us to help them get grants and help them cut grants, we have to do that and in the very fact we do that, whether we intend it or not, we help generate some general acceptability for these programs.

That is a philosophical observation, but I think you are running into the same problem the Johnson and Kennedy administrations did, quite frankly.

I didn't mean to preach a sermon about the subject.

I appreciate very much, as Mr. Quie indicated he does, your giving of your time. The subcommittee is adjourned.

(Whereupon, at 12:05 p.m., the committee was adjourned subject to call of the Chair.)

(The following material was submitted for the record:)

STATEMENT OF HON. JAMES C. CORMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. Chairman, thank you for this opportunity to appear before your subcommittee in behalf of H.R. 17763 which would aid States in establishing a nationwide low-cost meal program for persons sixty-five years of age or older.

Since the enactment of the initial Social Security legislation 35 years ago, the Federal government has shown increasing concern for the needs of our senior citizens. In the years that have followed, the Federal government has accepted an even greater responsibility for our elderly by enacting federal housing and medical programs in their behalf.

Programs in both of these areas have served to bring important relief to countless numbers of citizens across the country who are living on retirement incomes. But as the cost of living continues to rise these same folks are hard put to meet even the most basic of their needs.

For many persons living on a fixed income, the only flexible portion of their budget is that allocated for food. After paying rent, taxes and medical expenses there is usually little left to spend on a well-balanced diet.

It is important for the Federal government to continue expanding their low-cost housing programs for the elderly. And methods are always being sought to improve the effectiveness of the medicare program. But the government's responsibility does not stop there. It is illogical to address ourselves to the housing and medical needs of our elderly while their nutritional needs go unattended

H.R. 17763 will make a significant contribution toward promoting better health for our elderly by providing low-cost, nutritionally sound meals. In addition to benefiting the physical health of our elderly, this program will be advantageous as a means of promoting social contacts among our elderly who have been robbed of their friends and relatives due to death and an increasing lack of mobility.

Despite the publicity extolling the fun and carefree living found in luxurious retirement communities across the country, we cannot forget the great majority of our elderly who cannot afford this stylish mode of living—the elderly who are living alone on incomes which are only 20 to 40 percent of their previous earnings. We have a responsibility to share the good fortune this country enjoys with the very people who made that good fortune possible. I urge you to support H.R. 17763.

MIAMI, FLA., *July 17, 1970.*

Hon. CLAUDE PEPPER,
House of Representatives,
Washington, D.C.

DEAR REPRESENTATIVE PEPPER: I am happy to join your many supporters in commending you for your leadership and urging the Congress to adopt H.R. 17763 as an amendment to the Older Americans Act.

For many years I have been physician in charge of the Geriatric Clinic at Jackson Memorial Hospital, University of Miami School of Medicine and a Board member of Senior Centers of Dade County.

This experience has been a constant reminder that successful medical care demands an adequately protected social environment. Nutrition is a keystone to success and low cost meal programs are imperative to the wellbeing of a huge segment of the population.

My personal thanks for your interest.

Sincerely,

CHARLES R. BEBER, M.D.

FOOD AND NUTRITION SERVICES, INC.,
Buffalo, N.Y., September 30, 1970.

Hon. JOHN BRADEMAS,
Chairman, Select Education Subcommittee, House Education and Labor Committee, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: We regret that by the time we learned you were holding a hearing in New York State on H.R. 17763, it was too late for us to be scheduled to testify. However, we thank you for the privilege extended to us in your letter of September 15, 1970, of submitting a statement:

Food and Nutrition Services, Inc. was organized in 1968 as a non-profit philanthropic agency for the purpose of providing two major services: (1) home-delivered meals to elderly persons, and (2) group dining and activities for ill and handicapped elderly persons who fall between the homebound and those persons with the strength and motivation to participate in a senior citizens' center. Participants in our three groups are handicapped enough to need transportation by auto. Each group is taken once a week each to a home for the aged, three of which are used. There we conduct an hour's program of great variety for them and for the residents of the respective home. Dinner at noon is followed by a nutrition session every other week.

We operate under an Administration on Aging Title IV grant award as a Nutrition Demonstration Project which began September 1, 1968 and expires shortly. The first year, AoA funds were 90%; and the second year, 88% with Erie County Government making up the difference. We are seeking funds locally for continuation.

Our Experience

We recognize the need for widespread nutrition programs for homebound, partially homebound, and those able to get about on their own. For the latter group, dining should be under a variety of auspices. For all of our County and for the United States as a whole, large funds and efforts are required.

We have seen wonderful changes in the outward responses of our participants. They fairly blossom! The following is quoted from a Progress Report just completed.

Two successes of FANS' demonstration are unique. One has to do with the group program; and one, with the delivered meals program.

1. To have demonstrated that ill and handicapped elderly can: be encouraged to overcome pain and discomfort, and their loss of confidence in ability to socialize; be transported by volunteers willing to take the auto and personal risks; through stimulating and pleasurable activities, come out of themselves; make overtures to residents who are an older group (by over a decade); be more and more welcomed by the residents; make friends among themselves; develop outside contacts with other participants; learn to express appreciation freely of the program and the home and of one another.

The value of the demonstration is not only for the "isolate," but for the elderly persons with family in the area or actually living with their families. The program has given the participant a life of his own. He has interesting information and happy experiences to relate. Each has gained stature in his own eyes. The program has value, too, for that irrepressible, gregarious person who is unhappy without contacts.

Residents, in turn, give evidence of enjoying the programs and the participants. It gives them a change of face, encourages "company manners," and adds to the number of enjoyable activities available to them.

We feel that to obtain such results much is dependent upon the work of good staff. Our aides as group leaders, and our volunteers, are directed by professional staff. With the encouragement of contacts among the group and with others on the outside, even a once-a-week attendance is telling. One women said, "When I leave here, I plan what I am going to wear the next time." She acts as group secretary.

We recommend that the age limit of 60 years and over, instead of 65 years, be used in your Bill. Because of illness and handicap, some persons between 60 and 65 years of age suffer the same kinds of encumbrances and disadvantages as the older group in the population.

Federal Placement of Responsibility for Nutrition Programs for the Elderly

On the next point, although our Board of Directors has not yet been asked to take action, I would like to express to you my own puzzlement and that of our Executive Director, Miss Mary F. Champlin, at why H.R. 17763 is framed to place responsibility for a nutrition program for the elderly in the Department of Agriculture. We see so much in our program revolving around the human element. Yes, the meals should be nourishing and delicious, but the competence called upon—for case finding, working with health and social agencies, individualizing plans for the participant, and helping him utilize resources for his problems other than meals—seems to fall under Health, Education and Welfare; and for the elderly, under the Administration on Aging.

Is not the Department of Agriculture primarily concerned with food production, distribution and marketing? Yes, it is true that decades ago the Congress assigned nutrition to the Department of Agriculture. States followed suit, and official public health agencies were unwittingly kept weak in that responsibility in programming, although public health did persist in nutrition research.

Recommendations

For the nutritionally vulnerable groups, of which the aged is one, health and welfare competence seems indicated.

We urge that your bill embrace meals, service and sociability for three groups—the homebound, partially homebound, and the more able-bodied elderly. Many homebound can be encouraged to come out. (Some, of course, cannot for a while, or never.)

We are enclosing our recommendations made in November 1969 to the Administration on Aging for a national nutrition program. Many of the human elements your bill includes are contained therein.

We would further like to call your attention to the fact that home-delivered meals-service needs a champion in Washington. It has gone begging a long time in various Administrations over the years and in the Congress. Great Britain, the Scandinavian countries, and others put as to shame.

For perusal by your Committee staff, we are forwarding under separate cover two documents which will elaborate upon some of the points made in this statement and cover the field more completely: Home-Delivered Meals for the Ill, Handicapped, and Elderly, A Committee Report, National Council on the Aging, May 1965, Supplement, *American Journal of Public Health*, Vol. 55, No. 5; and also the recent Progress Report of our agency.

Thank you for your attention and consideration.

With all good wishes for your efforts in behalf of elderly people,

Respectfully yours,

ALICE D. HEFFRON,
President, Board of Directors.

[Enclosure]

EXHIBIT I.—FOOD AND NUTRITION PROBLEMS OF THE ELDERLY

A. Personal Problems which have been found among our participants (60 years of age and older). These problems are generally recognized by professional personnel working with the elderly. They are, among others:

Loneliness.
Lack of motivation to cook.
Lack of strength.
Illness.
Convalescent periods, physical; or, from mental illness.
Motor handicaps or sensory handicaps; or, dizziness, making cooking hazardous.
Depression.
Inability to go marketing.
Low income.
The drain of the cost of many and expensive medications.
A compulsion not to spend money.
Mercurial changing of the mind.
Spells of frustration and neglect that are reflected in attitudes toward food or toward meals served in institutions or by agencies—food that they usually like.
Poor food habits from childhood.
Continuing of poor habits developed in bereavement or from other traumatic experiences.
Misinformation about food values and the effect of certain foods on the body.
Unhappiness at a low calorie diet.
Never had cooked and indifferent to learning.
Burden of a retarded adult child or one mentally ill.
Burden of an ill spouse which works against an organized life and adequate meals (as does the preceding situation).
Alone, almost helpless, and awaiting a nursing home bed.
Handicaps helping to cause a monotonous or barren life such as blindness, extreme deafness, advanced Parkinson's Disease, and others.
Outlived friends and relatives.
Alcoholism.

B. Some Factors in the Client Situation Other Than Personal Factors that Affect His Meals Problems.

Distance to market and lack of transportation.

Unsuitable housing in relation to the type of handicap.

Precarious living situation.

Lack of certain community resources, especially homemakers and friendly visitors.

Lack of cooking facilities and/or refrigeration.

Some clients complain of confusion about so many new processed foods (one would think them to be generally a boon).

Shared kitchens.

Lack of decent rooming houses and inexpensive hotels.

Physicians prescribing low calorie diet for slim octogenarians who go off meals service because they are hungry.

Physicians suggesting "dietectic" foods for persons who cannot afford them.

Physicians fees and drugs over and above "Medicare" and "Medicaid" are such for some clients that this meals agency in setting a sliding scale charge, would seem to be subsidizing the former.

EXHIBIT II.—SOLUTIONS THAT HAVE BEEN FOUND TO HELP THE ELDERLY MEET THE PROBLEMS OF FOOD AND NUTRITION AND ASSOCIATED PROBLEMS WHICH AFFECT FOOD AND NUTRITION

A. For Those Unable to Prepare or Obtain Adequate Meals a Service of Home Delivered Meals.

This service lives up to its promises.

The food is described by clients as "delicious." Although the problems of logistics call for vigilance, it seems worth it.

A dietition-nutritionist is essential not only to supervise the food service but for nutrition counseling and education.

The usefulness of social work in helping with the multiple social problems at both intake and during the course of a client on service has been invaluable. The judgment in determining whether or not home-delivered meals will benefit a client should be a professional one.

An aide under supervision can be invaluable in several phases of a program.

Volunteers can be taught to be discerning and to know when a client's problem should be reported that day.

Volunteers cut the cost of transportation of clients and meals service.

Volunteers bring joy to the clients in both the group program and the meals program.

B. Group Dining and Activities for the Otherwise Homebound or Mostly Homebound.

The response and improvement have been nothing short of remarkable for all participants except one who is somewhat odd. Nevertheless, she has improved. For those on home-delivered meals who were brought to the group activity, the improvement is especially notable.

In this group there are few without pain or severe handicap. Physical complaints quickly ceased with all but one and with a new participant.

The way to meet the tastes of all participants and residents of the homes for the aged who attend is by a variety of programs. Most of them like various kinds of activities; the intellectually stimulating; informative as to arts, drama, nature; entertainment; music; singing themselves; games, etc. As these sick people gain in confidence, they are more vocal in discussing what they want.

Volunteers who transport the participants give a broadened contact and the clients express their pleasure in the acquaintance.

A nutrition quiz showed benefit from the nutrition sessions. (The effect on intake may not be as encouraging.)

EXHIBIT III.—RECOMMENDATIONS FOR A NATIONAL NUTRITION PROGRAM

RE MEALS PROGRAMS

1. That Nourishing Meals Be Made Available to the Rooming House Population found in all downtown areas, especially for convalescent patients and modified diet cases.

2. Under a Coordinating Agency Subsidize a Variety of Local Sponsors for Group Dining Programs, for the elderly, with the aim of placing service as widely as possible and as frequently as possible. Some types of agencies and organizations would be:
    - a. Homes for the aged.
    - b. Public recreation centers for the elderly, including community facilities in public housing projects.
    - c. Senior-citizens clubs.
    - d. Multi-purpose centers.
    - e. "Reach-out programs" in poverty areas.
    - f. Churches and synagogues.
    - g. Y.W.C.A.'s, Y.M.C.A.'s, Y.M.H.A.'s.
    - h. Nursing homes.
    - i. Boarding homes used for placement of public and voluntary agency clients, and supervised by an agency. (These homes would only accommodate a few outside participants.)
    - j. Shelters such as the Salvation Army.
    - k. Schools.

3. That a Coordinated Program Be Subsidized to work with individual participants in achieving socialization and enrichment of life; in evaluating participant situations; and in helping participants utilize community resources, not only for pathological situations, but for optimum goals.

4. Provide for Activities along with Group Dining.

Activities for fun and sociability; for intellectual stimulation; learning practical and everyday things such as safety, fire prevention, consumer buying and food preparation; music, arts and nature lore; crafts to continue at home; etc. Encourage interchange on the outside, furnish information on excursions available, etc.

5. Home-Delivered-Meals Service.
    - a. For those unable to participate in nearby group dining
    - b. For those awaiting space in a total-care facility
    - c. For those in convalescent situations
    - d. For those who can gain enough strength to be transported to group dining
    - e. For a patient and his overburdened care person
    - f. To help stretch the services of homemakers and home-health aides
    - g. For those who starve rather than spend money for food and remain adamant against all attempts by others to arrange total care until a crisis forces the situation.

6. Use in Meals Programs of Volunteers.

Make full use of the talents of unpaid volunteers as well as "paid volunteers" in a nutrition program. (Once men and women experience the joys of serving in this kind of program in which rewards are immediate, the movement grows.)

7. Finance Research programs or Groups of Programs.

It is important in many instances not to begin research until various methods of operation are tried; when a method seems good, then plan the research design.

RE NUTRITION EDUCATION

1. That a Large and National Campaign Be Instituted on Nutrition and the Aged. To be similar in coverage, scope and creativeness to current campaigns against smoking and to the recruitment of handicapped persons by Vocational Rehabilitation. Not only to teach basic nutrition and to explode fallacies, but to put forward the positive concepts of AoA on what should surround the mere act of eating. To stir the consciousness of the grown children, relatives and friends of the elderly. Suggest practical ways by which they can add joy to, as well as provide food and arrangements for, the meals.

RE COMMUNITY ORGANIZATION

1. Few scientists in nutrition and personnel in community nutrition seem to have an affinity or, or the temperament for, community planning and organization. Therefore, their skills and talents have not generally made the impact they should. That the leadership in community organization on local, state and national levels be enlisted to become partners in furthering nutrition goals.

RE A TARGET GROUP FOR NUTRITION EDUCATION

1. Ways should be found to excite the other health professions and social work about the potential benefits of nutrition for the population here and abroad.

As with dental health, members of the other professions (except perhaps nursing) avoid in droves opportunities to learn about nutrition. (Calories and vitamins!—Why bother?)

It is significant that all health problems, nutrition (except in war times) and dental health have had no voluntary national organization to promote their cause. Neither field has captured the imagination of the public. It could be done. There is excitement in it.

RE RECOMMENDATIONS TO FEDERAL PROGRAMS OTHER THAN THOSE OF THE ADMINISTRATION ON AGING

1. *Social Security Benefits.*

That Social Security benefits be increased to a level of income above marginal living.

2. *Food Stamps.*

That food stamps be allowed to be used for the payment of meals from non-profit agencies and institutions.

3. *Housing Programs.*

That more extensive housing programs be instituted and construction be expedited.

4. *Transportation.*

That transportation be subsidized for elderly people in out-of-rush hours (similar to the use of food stamps) or that efforts be encouraged to attain lower rates from commercial transportation firms.

5. *Medical and Public Health Studies.*

That studies be financed to parallel meals programs for measuring certain results in the field. Also that a boost be given to basic studies on nutrition phenomena of the elderly.

ADDITIONS SUGGESTED BY STAFF TO THE LETTER OF NOVEMBER 1969 TO DR. TAVES

Under "I" "A" Personal Problems:
  Mental confusion or deterioration
  Belief that others are stealing from them
  Finickyness and food allergies
Under "I" "B" Some Factors In The Client Situation;
  The pay arrangement unsatisfactory to both clients and FANS for clients on public assistance.
  Inability to leave an ill spouse or other relatives to join group activities.
Under "II" "B" Solutions Found:
  Some older people who live with their children and grandchildren have benefited from the group activity in getting away, developing interests and making friends.
  Convalescent mental patients have shown improvement.
  The group program can be used by people who have had no relief from caring for an ill relative.

SERVICES FOR THE AGING,
Salt Lake City, Utah, September 9, 1970.

Representative LAURENCE J. BURTON,
Longworth Building, Washington, D.C.

DEAR REPRESENTATIVE BURTON: Rep. Claude Pepper of Florida has introduced bill H.R. 17763, entitled "Nutrition Program for the Elderly."

Portions of this bill state ". . . will meet the acute need for a national policy aimed at providing the elderly with low cost nutritionally sound meals . . ." ". . . such a program . . . would be a means of promoting greater opportunity for social contact . . ." ". . . for the preparation of at least one nutritional hot meal per day at a reasonable low cost to the participant . . ." ". . . to provide a setting conducive to expanding the nutritional program to include recreational activities, informational, health and welfare counselling and referral services."

We are very interested in this bill because of the similarity of its provisions with our Meals on Wheels and other programs. Our agency delivers a hot noonday nutritious meal 5 days a week to the homes of Senior Citizens who are unable to shop for and prepare nutritious meals for themselves.

In addition, we sponsor a program called Friendly Neighborhood Center. Senior Citizens come to our Dining Room and purchase a tasty nutritious meal for a nominal cost. After lunch there is "Senior Citizen Talent Time" where any Senior Citizen can participate by giving readings, playing an instrument, etc. Then there is free entertainment and table games.

Also we sponsor a program called Physical Fitness in which Senior Citizens take physical and recreation exercises under the supervision of Senior Citizens from the advanced cycle of exercising. They can purchase lunch if they so desire.

For those who are ill, homebound and handicapped, we sponsor Friendly Visitors. At his convenience a dedicated Friendly Visitor volunteer makes a personal call at the home of the Senior Citizen. The Friendly Visitor reads, writes letters, chats, listens sympathetically and becomes a friend to the elderly person.

Working with Senior Citizens we are very much aware of their needs and desires, and feel that Rep. Pepper's bill would help a great many more needy Senior Citizens. In view of this, we hope that this bill will receive your favorable consideration when it comes up in the House of Representatives.

Sincerely yours,

Mrs. V. LUCILLE HUTCHINGS,
Executive Director.

[Enclosure]

HISTORY AND PHILOSOPHY OF THE METROPOLITAN SALT LAKE SERVICES FOR THE AGING

Metropolitan Salt Lake Services for the Aging is a non-profit community sponsored organization, founded to render services to the aging by providing for their physical and mental well-being. The agency has 4 programs providing companionship, recreation, physical exercise, and nutritious meals.

Any person 55 years or older is eligible to participate in all of the activities of the agency. The 4 service programs are Meals on Wheels, Friendly Visitors, Friendly Neighborhood Center, and Physical Fitness program.

It is financed by public and private funds, and is a participating member of the Greater Salt Lake Area United Fund.

MEALS ON WHEELS

Meals on Wheels provides over 3,000 hot, nutritious meals each month.

Cost: $1.00 per meal. Modified diets are available at $1.25 each.

Preparation and Delivery: All meals are prepared under supervision of Dietian and Food Service Manager at the kitchen located at 156 Westminister Avenue. Meals are delivered to the home of each person at noon each weekday, in 5 specially equipped heated vans.

Type of Meal: Soup, salad, hot meat, potatoes and gravy, vegetables, homemade bread, dessert and drink.

Enrollment: By self referral, or by a physican, friend, relative, or any community service agency. Call 466-6043.

FRIENDLY NEIGHBORHOOD CENTER

What: Luncheon and entertainment every Thursday—holiday parties, games, hot food, and good companionship.

Where: Attractive dining room at 156 Westminister Avenue, Salt Lake City, Utah.

When: Every Thursday from 11:00 a.m. to 2:00 p.m.

Who: Anyone 55 years or over.

How: Reservations must be made in advance—call 484-4821.

FRIENDLY VISITORS

Friendly Visitors are volunteers—any age—who will visit with elderly persons unable to get out of their home.

Activities: Friendly Visitors will read, talk with, listen to, drive or walk with persons who are in need of a friend.

Skills Required: Only the desire to make a new friend.

Time: Visits made at your own convenience.

Requirements: Take free training course required to become aware of needs and interests of the aged.

When: Upon completion of the training course. Information can be obtained by calling 484-4821.

STATEMENT OF EDWARD J. KRAMER, DIRECTOR OF SERVICES TO THE ELDERLY, OF THE HENRY STREET SETTLEMENT URBAN LIFE CENTER, NEW YORK CITY, NEW YORK

I am Edward J. Kramer, Director of Services to the Elderly of the Henry Settlement Urban Life Center in New York City. I also serve as Project Director for the Good Companions Food and Nutrition Project conducted at the Henry Street Settlement with a grant from the U.S. Department of Health, Education and Welfare, Administration on Aging under Title IV of the Older American Act. I wish to thank you for this opportunity to try to add to the already considerable testimony concerning nutrition and older Ameriacns and to testify in support of the proposed bill H.R. 17763 which would "amend the Older Americans Act of 1965 to provide grants to States for the establishment, maintenance, operation, and expansion of low-cost meal programs, and nutrition training and education programs and opportunity for social contacts" for older people.

Under this Title IV grant and with the cooperation of the Henry Street Settlement Food and Nutrition Demonstration Project known as the Good Companions of the Henry Street Settlement is located in the basement of a low-income housing Project (Vladeck Houses) on the Lower East Side of New York City. There are more than 700 units of elderly tenants in these composed of all ethnic groups. The Center is a multi-purpose operation and projects who mostly live alone. Our present Center membership is 500, and offers the elderly a variety of services including counseling, referral and intervention. As a part of a Settlement there are other resources available such as consultation and direct involvement of the Mental Hygiene Clinic, casework consultation, Home-Planning Workshops, participation with other age groups in community planning, and cultural programs. At the Center there are Social Activities and opportunities for creative expression in the Arts, Drama, and Music. A large Volunteer Corps of both English and Spanish-speaking members reecive training and supervision in bringing a variety of services to other elderly persons in the community.

A group of 15 members Volunteer their services at the neighborhood Health Clinic assisting in the Pharmacy. Good Companions are social activists and participate with other groups in demonstrations, rallies, for causes they feel worthwhile supporting. At weekly discussion groups they are encouraged to speak of their feelings about themselves, and the world about them.

About 400 elderly persons participate in the luncheon program. A daily, nutritionally adequate hot meal is served daily five days a week at a cost to the elderly consumer of 50¢. Elderly Volunteers deliver hot meals daily to homebound and sick. Additional meals are also prepared to be taken home for the weekends. About 130-140 meals are served each day five days a week in our dining room. In addition 25-35 are delivered to homebound persons and 50-60 weekend meals purchased each week.

In addition to the professional staff consisting of Project Director, the Director of Evaluation, the Home Economist, recreation staff and the Kitchen Personnel (cooks and dishwasher) cashiers, counter-girls, hostesses and a clerk. The elderly Aides work approximately two hours a day, five days a week, and work alternate weeks, thus providing more persons with employment. Both the Kitchen personnel and the elderly Aides attend monthly training sessions on Sanitation and Food Handling practices, courtesy and deportment. Elderly Volunteers are trained to bring a multiplicity of services to sick, isolated or homebound elderly people including the daily delivery of hot meals. Volunteers also work in the dining room serving handicapped luncheon participants their meals. They also assist in the bussing and clean-up of the dining room.

The Home Economist has monthly "formal" meetings with 50 to 60 interested luncheon participants on nutrition and consumer practices. She also meets with smaller groups with special dietary problems once a week. There are also formal announcements, talks, etc. for a few minutes before lunch.

The Project was set up to increase the quantitive and qualitative food intake of elderly participants. We believe that the Project is contributing significantly to improving the nutritional adequacy of the participants diets, and we have data to support it. Prior to the onset of the food service, 185 of our prospective clients were interviewed, and asked to enumerate all of the food eaten within the past 24 hours. This data was analyzed to determine the nutritional adequacy of their diets prior to the onset of the meal service.

We found that the average prospective participants food energy requirement was 1546 calories. In comparison, the average prospect consumed only 1123 calories—a deficit of 422 calories and only 19% consumer over 1500 calories. In other words, 84% of the prospects consumed fewer than their recommended daily allowance (reduced by 100 calories to allow for error).

In contrast to this, an average lunch served at our Center contains 686 calories. This amounts to 44% of their food energy requirements so they need only eat 56% of their requirements at home.

As important as the actual calories, are the presence of the protective food groups, and the balance of the daily meal pattern. For the elderly, lunch is the main meal of the day, and should contain 6 items: 1) soup or juice; 2) meat, fish, eggs, or cheese; 3) raw salad or cooked vegetables; 4) potatoes, or bread or grain; 5) dessert (fruits, cakes); and 6) a beverage. Before the food service started, none of our prospects had all of 6 of the lunch items in their midday meal; only 1% had 5 of the items; 38% had 4 items; 34% had 3 items; 13% had only 2 items; 10% had only 1 item; and 4% had no midday meal at all. In contrast, each of our lunches contains all 6 of these suggested foods. Thus, our participants eat all six of the items, whereas no one had all (and only 1% even had 5) of the suggested items prior to the onset of service. And while there is no guarantee that everything on the tray will be eaten, our observation is that it is and some of our participants even ask for more generous portions.

Let's carry this analysis further, to discuss each of the suggest food for lunch. Each of our participants are served each of the suggested foods—that is, 100% for each. Prior to service, in contrast, only 76% had a protein (meat, fish, eggs, or cheese); only 68% had a starch (potatoes, bread or grain), only 64% had a final beverage (coffee, tea), only 42% had a desert (fruit or cake), only 30% had a vegetable (raw or cooked), and only 15% had a substantial liquid (juice or soup). These contrasts speak for themselves, and support our contention that programs like ours are a necessary ingredient in a comprehensive effort to provide the elderly with the "good life".

The deficiencies found in the lunch diets of our elderly prospects were not made up in their own meals. For the day as a whole, their diets were still very deficient. Our luncheon menu contains each of the protective food groups, although not necessarily enough to cover the entire days requirements. Before the service started 9% had no bread, cereal, or grain for the entire 24 hour period; 10% had no milk or cheese; 17% had no fish, meat poultry or eggs; 35% had no citrus fruits or other sources of vitamin C; 39% had none of the other fruits or vegetables; and 64% had no dark green leafy and deep yellow vegetables. Now none of our participants go without any of these protective foods, because each of these are included in lunch (except for the milk or cheese beacuse our meals are nondairy). We hope that the meals that the participants eat at home further supplement basic essentials. All in all, our lunches seem to be providing the core of their nutritional requirements which are necessary to self-sufficiency and good health.

With older Americans it would seem that changing practices about food would be difficult. After all, they have been doing something a certain way for so long that change seems impossible. However, what is important and probably does change is their attitudes toward food. Four out of ten of our respondents report that they are eating more now that they attend the program. This indicates not only attendance, but increased appetite, better health, greater activity, and the benefits of peer companionship. 95% report that they like to eat with other people. 90% report that they eat the way they should. In contrast, before the service started, 87% of the prospects reported that they didn't get enough food, 86% reported that they don't get the right food, and 82% reported that food doesn't taste good.

The Food and Nutrition program seems to have increased companionship among the participants. Before the luncheon program started, only 52% of the prospects said that they didn't have enough friends. In contrast, after the luncheon service started, 87% of our respondents report that they have enough friends—a sharp increase. It is this heightened companionship that we believe increases appetite, dietary adequacy, activity levels, health, and probably keep participants from entering nursing homes or other extendio-care facilities.

The project staff believes that the program has improved clients self-sufficiency and attitudes toward life and self.

With improved diets and increased companionship, we felt that our participants would become more active and develop a more positive attitude toward their life and self. 26% of our respondents reported that they do more things now: some because there is more to do now, and some because they have more time now. Likewise, prior to service, only 34% felt that cooking was very easy, but now 51% find it very easy.

Attitude change has been a prominent accomplishment of the luncheon program. While the importance of these changes cannot readily be converted to dollars and cents, we feel that certain from our observations that it prolongs the life and improves the health of older Americans, and probably keeps them from resorting to institutionalization.

While we have no comparison data at hand about institutionalization prior to service, it is rare at present. While programs like ours cost money, it helps to avoid other charges to citizens when poor older people use hospitals, clinics, nursing homes, and other agencies.

[In percent]

	Preservice	Postservice
I am happy with my life	43	66
I do enough work to keep me busy	54	86
I am satisfied with my health	48	53
I have enough money to live on	30	80
People appreciate the things I do	46	3

Interestingly, the sharpest increase is found in "I have enough money to live on". This is evidence that our project service to stretch the social security dollars of older Americans, while providing them with a host of other services and benefits.

If one reads the statistics about the economic impoverishment that afflicts so many of our elderly, it becomes much more than statistics, it becomes criminal neglect in a land of wealth. Medicare, medicaid and other health programs at the Federal, State and Local level have enabled the elderly to be free of many physical ills and disabilities, and the expenses associated with illness. However, in many aspects things are worse now for older Americans than before Medicare. Longevity is a living death for many older people. For no matter how many doctors, dentists, podiatrists, and druggists or hospitals are available to older people, there services are a dubious gift where so many elderly are poor, go hungry and are denied a meaningful role in our society.

The double-edged nature of this role crisis must be underscored. First, if a person is going to live fifteen or twenty years beyond the arbitrary retirement age of sixty-five, it cannot fail to be noticed that our society, generally, has been strikingly unimaginative in finding new role for our elderly. Second since an activistic orientation predominates our culture, if an older person is not provided the opportunity for, is not capable of, or does not desire an activistic, achievement-oriented role, his culture does not accord him status or recognition.

Advertising is geared to looking young, acting young, thinking young; and too many, of us have swallowed this heresy wholesale.

It is a heresy, and it is difficult to resist, because aging is an undeniable fact, the cosmetic industry notwithstanding, and to "remain young" simply flies in the face of a reality that should be accepted. However, the temptation to succumb in placing most values on youth, vigor, vitality, etc., are immense. It seems as though the only time an elderly person appears on television commercials is in connection with arthritis, dentures, or laxatives. Only the swinging set really has fun and enjoys life, or so they would have us believe.

Since our society places such high value on physical vitality, on the expansion of interests and activities, physical aging is utterly bound with mental health and mental disorders in the aging when they can no longer "keep up".

It takes considerable ego strength to prevent a negative self-image. Sometimes a feeling of alienation from the environment occurs.

In a recent study in New York State twenty-six percent of all mental patient admissions were over sixty-five (6,914). Mental disorders of the type characterized by confusion, memory defect, and general weakening of the mental processes are often cared for by nursing homes and homes for the aged and are not included in the above statistics.

The most seriously disturbed, those noted in the statistics, have disorders such as delusions, hallucinations, disorders in mood or behavior that are dangerous to the person or disturbing to others. A signficant number have one or more physical illnesses, and concomitant severe emotional disturbances. What is important to note is that physical impairment seems to be connected with the patients who evidenced the most severe emotional disturbances, and that this is very likely in light of the fact that feelings or uselessness breed physical and mental disorders which cyclically produces a heightened sense of impairment and uselessness.

Interestingly, in this section dealing with geriatric psychiatry, the New York State report, in describing the treatment program that has been twenty to forty percent successful in returning patients to the community. "... stress developing and maintaining the dignity of the individual, the avoidance of infantilism, encouragement of interpersonal relations, and the fostering of initiative and independence by an offering of choices to the patient."

Now, gentlemen, why can't this be done in the Community before aged people end up in mental hospitals or home for the aged.

I support proposed legislation H.R. 17763. In recent years a new movement has begun to attempt to determine what roles are possible for our aged populations as increased longevity given them many years past the traditional retirement age of sixty-five. Multi-service community centers for the aged which have Food and Nutrition programs as part of their services, and which provide a variety of ways in which elderly people can have recreation, participants in creative and expensive interprises, learn new skills and find employment, organize for social action and have an an opportunity to participate in volunteer services are all provided by this bill. I believe that this legislation will take a lead in helping to create community awareness of the needs and problems of the elderly and to help bring about multi-service centers which will afford our aged the opportunity to discover the ways and means of living their later years in enjoyment and fullfilment without fear of going hungry or knowing where the next meal will come from.

A center which in part will serve the elderly should be in the "midst of things." Lovely, multi-service centers have been built (for the elderly alone), but why isolate the isolated and lonely? Being off in some part of an area away from the activities of a community reminds the elderly once again that they are no longer a part of the "actions." The Henry Street Settlement sponsors a "Good Companions" club for persons over sixty, but its facilities are located in middle of a housing development. When visiting with an elderly man of eighty-two years in a different setting, an old age home he said, "You can't remain healthy and watch old people go by with canes all the time; you have to be with the 'young' too." Fortunately, he was able to leave this Home community regularly to be with his children, grandchildren, and great-grandchildren. Many are not so fortunate.

Besides being accessible and in the midst of things, the above parenthetical reference to isolated centers built to serve only the elderly, as well as the preceding discussion implies why the elderly should be a part of a center which also serves people of other ages. The elderly should their programs take place in a center, nor should their programs take place in a center that only serves them. The "Good Companions" of Henry Street offers a good example. Their facilities, are located in a housing project, are also used by the Home-Planning Workshop of Henry Street Settlement where various groups of diverse ages engage in a variety of activities. Young mothers and teenagers come for sewing classes. Shoe repairing is taught. Woodwork and painting classes also take place. There are specific days set aside for children and teenagers, and other for adults. Though the elderly have their own programs, they can watch or casually mix with these persons of different ages. They get to know many of these people, and often become friends. Elderly persons usually enjoy the stimulation of younger people, and if they make friends with persons who are about the age of their children or grandchilren, its meaning and significance cannot be measured. Further, in this simple way, they are reminded again that society has not abandoned and neglected them, that they have not even been isolated as a group away from younger people. And what they give to the younger people cannot be measured either. Working in close proximity day after day with elderly people, has given us the opportunity to observe the positive effects a good nutritional program coupled with a structured recreational program has on older people.

Here at the (Henry Street Settlement) Urban life Center, our members live within walking distance to our club. Most are widowed, live alone and are below subsistence level. In studies we have done with them before the program began, I discovered great deficiencies in their diets. Bread, white cheese, cream, boiled chicken, few vegetables, and not much meat staples. Much of this was due to poor nutritional knowledge, poor eating habits and an insufficient amount of money. The grant which we received has enabled us to offer our members the one nutritionally sound meal of the day.

In our program which begins at 10:00 A.M. and ends at 9:00 P.M. we have endeavored to make available to our members such programs as Dramatics, Singing, Dancing, Sewing, Crafts, Painting, Sculpture, Woodworking, Movies, Discussion Groups, Culture Groups, Nutrition Education and congenial company.

Our members are totally involved. Many of them are volunteers delivering meals, to homebound elderly, working at Gouverneur Clinic, visiting the sick and ailing in hospitals and homes, cooking, cleaning, shopping and doing whatever is necessary to help one another. We have parties celebrating holidays and birthday people, bus trips to points of interest and cultural outings. In addition our members are involved in community and social action.

Chronically ill for years, isolated, lonely, they could have become patients in mental hospitals and nursing homes. Active membership in the good companions club has helped restore their dignity and renewed their interest in living.

The success of our program can be attested to by the continued growth of our membership and the continued return of old members. It is easily observed that without adequate funding, services and program such as we offer would not be available to the elderly and their existence would be as bleak as it once was. Our nation cannot afford to have that on its conscience.

"All men are created equal," including those advanced in years. Being old is not necessarily the same as being stale.

STATEMENT OF JOSEPH STRATOS, JR., CHAIRMAN, PHILADELPHIA COMMISSION ON SERVICES TO THE AGING

Mr. Chairman and distinguished gentlemen of this special committee: I wish to thank you for granting me this opportunity to appear before you and to voice my views, and those of the Philadelphia Mayor's Commission on Services to the Aging, relative to the proposed nutrition programs for our older Americans.

We of the Philadelphia Commission wholeheartedly endorse this added legislative proposal to be incorporated into the Older Americans Act and deem it a landmark for the general health and welfare of our elderly citizens. This is also the sentiment of Philadelphia's Mayor, the Honorable James H. J. Tate, who has always been deeply concerned about the elderly among us; he has constantly worked for their medical, social, and economic welfare which is certainly reflected in all service branches of our City government.

However, realizing that there must be a central focal point to coordinate the various departmental activities for the elderly and that there is also a further need to encourage and implement additional programs for the elderly, even outside the periphery of City government, Mayor Tate asked me to organize an advisory committee to keep him informed on all phases of the elderly in our community. This was four years ago when we formally set up the Mayor's Advisory Committee on Services to the Aging.

Since this was a new element in City government, it naturally had to weather the skepticisms, criticisms, and doubts of many who thought this to be possible duplication of services already being performed by other City departments. But in due time through shear persistancy and determination the Committee proved its need and worthiness with programs and services that directly touched the lives of the elderly. In recognition of its proven accomplishments and realizing the need for the continuation and expansion of its services, the Council of the City of Philadelphia in June, 1968 enacted an ordinance that changed the Committee to the Philadelphia Commission on Services to the Aging and thereby giving it legal status. Since then our programs have continued to expand for the benefit of the elderly and the community.

As stated previously, we do endorse this new legislative proposal, but based upon our observations and experiences, I wish to elaborate upon a few items for your consideration.

I have noted, in the administration of the proposed program, the disbursement of funds would be through designated agencies within the States, similar to the methods now employed for the disbursement of funds for Title III of the Older Americans Act. This method is very good in the control of funds by the State agency for the many counties, townships, and boroughs who will be participating in the program. But it has been our experience that this does not necessarily work as smoothly for large urban cities, such as Philadelphia. Although the States try to allocate equal distribution of Federal funds, the larger cities often do not receive their fair proportionate share and encounter many delays.

May I explain this last statement: (1) It has been our experience that there is much "red tape" by the indirect state funding method. When a proposal is submitted for a grant, there appears to be different interpertations by the State agency of the Federal requirements—in fact and in spirit. This necessitates delays pending the submitting and resubmitting of new grant proposals or changes in the proposals.

(2) If the programs are to be successful, then the cities should be funded directly since their needs are many and state capitols are not always on top of the immediate urgent problems of the cities. Quite often a state official with little or no experience in the problems of the cities try to administer programs in methods applicable to townships or boroughs or rural areas.

(3) Then, too, program delays in getting state approval is often predicated upon the political atmosphere. If the state administration and the city administration are of different political parties, delays in processing proposals often ensue; it is a deliberate attempt to hold back worthwhile programs to discredit a city administration whose political views are different.

(4) As stated previously, there is too much "red tape" generated when the city cannot apply directly to the Federal government for a proposed grant. There are too many people involved causing frustration and procrastination when a proposal and/or follow-up reports are processed. As it is in our case proposals and reports go from Philadelphia to Harrisburg to Washington, then back from Washington to Harrisburg to Philadelphia, then return to Harrisburg and so on.

We have experienced the foregoing delays when we applied for funding under Title III of the Older Americans Act of 1965. It took nearly two years of delays before we finally received our grant. And then we did not get the 50% Federal matching funds as expected, but a much lower percentage that was again reduced for the third project year of the grant.

In Philadelphia with a population of approximately two million residents, it is estimated there are 245 thousand elderly citizens 65 years and older. With populations of this size, it would seem more manageable and equitable if the larger cities applied directly for the Federal funding as mentioned before rather than through a State agency. As a criteria to determine direct Federal funding, cities whose population exceed a million inhabitants could be considered. Towever, this criteria could be adjusted. Most all cities, especially the larger ones, have large concentrations of the eldely. This, of course, is due to varied socioeconomic and physical factors that you gentlemen are no doubt aware of.

I would like to comment at this point about the proposed grants paying up to 90% in Federal monies to be matched by 10% from funds within the State—or the receipient. Here, again, the State determines the percentage of funds to be allocated to the grant receipient. To participate in a 90–10 fund matching program would be most attractive to a prospective grant receipient and we would definitely endorse such a program. However, as has been our experience, this could lead to disappointment, for the receipient many times may not be funded the full grant percentage amount; and in this instance I'm referring to the 90%. The receipient could be funded as low as 10%. It is, therefore, suggested that if the matching ceiling is 90%, let there be established a level below which the Federal share will not drop, say 50%.

Another program requirement is to provide meals five or more days a week. This could be re-emphasized to provide meals for the full seven days of the week. Many nutrition programs have been geared to a five-day week scheduled with no provisions for the weekend. This is a bit inconsistent with the spirit of the programs if it is to be meaningful.

To reach more of the elderly poor who may not, for varied reasons, be able to participate directly in the program, the food stamp program could be expanded to include free food stamps, based on the net monthly income limit of one or two elderly persons in a household. For instance, a single elderly person could apply for food stamps if his monthly income limit is $130. By granting him (or her) 20% of the limit, he can be given $26 in free food stamps. In the same manner an elderly couple whose net monthly income limit is $195 can then receive $39 in free food stamps. These two figures of $130 and $195 are based upon the monthly limit of persons to be eligible for food stamps as approved by the United States Department of Agriculture.

There are several issues and problems that have been revealed in our exploration of nutrition programs that may be corrected, or at least lessened, through broad interpretations and/or added provisions in the administration of the program. As an example, in urban areas there are difficulties in attracting and holding "participants" because of heterogeneity of the population and the difficulty in having a large scale program that takes into account culturally related food preferences and special diet needs of chronically ill aged individuals.

Another difficulty in attracting and holding participants is the greater accessibility of shopping resources in densely populated areas and the greater availability of commercially pre-packaged meals. While these seem expensive, are they really more expensive, less nutritious, less desirable, than the meals prepared in the special non-commercial food and nutrition programs?

Still another difficulty is the preference of many older people to rely on more personal, informal system of services involving neighbors, friends, and relatives in the shopping and preparation of food. The feeling of obligation to perform such tasks is a factor in maintaining close communications between older persons and others of significance in their lives. Therefore, some older people refuse the more impersonal, formal service for fear that this would disrupt the informal system.

Also, in an urban area, there appears to be more acceptance of an elderly person to receive home-delivered meals as a part of a medical or hospital home care plan, rather than as a welfare or charity plan or as a part of a neighborhood recreation program.

Another problem that has been revealed is the difficulty in finding sources of payment for services. In the personal budget of older people, food often comes last. Meals sold at "reasonable prices" are likely to cost more than the amount the elderly person budgeted for food. Then, too, if the nutrition program is adopted and reduced costs for meals are provided, there are problems in locating supplementary funds for continuation of the project after the demonstration period is over.

Other issues and problems have revealed confusion over means and ends and the resulting confusion over kinds and amounts of staff required. A meals program, as a social service, requires other professionals in addition to dieticians, cooks, etc.

Again, thank you gentlemen for this opportunity to speak before you, and I trust that my remarks may be of assistance to you for the final draft of this much needed food program.

What Do Those Who Have Known the Vintage Years Column or Its Writer Have to Say?

TYPICAL COMMENT FROM REGULAR READERS

How many columns of yours I have read over the years! I am sure there are hundreds of others who, when a problem comes up related to the elderly, rush first to the Vintage Years. If helpfulness is the gauge, you have earned the gratitude of many older persons . . . E. B. Smith, Florida.

I read your column religiously. It is heartening that someone as sympathetic and understanding is doing so much to alleviate the problems of growing older . . . Mrs. Anna Pederson, New Jersey.

Your wise and timely topics are a favorite with us. Most of today's newspaper fare puts me off balance but your columns restore my equipoise . . . Fred Hackl, New York.

By plowing your way through red tape and stuffed shirts of officialdom, you have carved a path that others will follow in the growing concern for older people . . . David Kuhner, Illinois.

Your column in the Army Times is an excellent and timely source of information to the retiree. I would like to reprint some of your comment and will appreciate other suggestions . . . Wm. L. Bergan, Ft. Eustis.

Although Columnist Beckman is a diffident chap, I recall his quoting Bernard Shaw: "My life belongs to the whole community, to do for it what I can." . . . Wm. H. Dreier in "Senior Citizen" Magazine.

UNSOLICITED OPINION FROM OTHERS

Dwight D. Eisenhower—I am in agreement with your assertion that the principles that have served our country so well during its entire existence are still the guide lines of the majority of our present day population.

The late *Ethel Percy Andrus*, former president Amer. Assn. of Retired Persons—I want to congratulate you on your presentation about older manpower at the University of Michigan. I find it a very helpful and worthwhile reference.

Edward L. Bortz, M.D., geriatric chief, Philadelphia Lankenau Hospital—You are certainly doing an invaluable job for our senior citizens.

Editor, *Geriatric Focus*—Your column in the Newark News is always read and we continually marvel at the information presented there.

Dr. Wilma Donahue, director emeritus, Inst. of Gerontology, Univ. of Michigan—I find your columns very good reading because you always tell it as it is. You have an excellent grasp of what needs to be done to get problems of aging before the public.

William C. Fitch, executive director, National Council on the Aging and formerly of the A.A.R.P. . . . Your columns and work give every indication that you are giving real leadership in this field . . . Your ideas are always interesting and exceptionally well presented.

Max Friedson, Pres., Congress of Senior Citizens, Miami . . . We are very pleased with your column. We discuss it at meetings of our many affiliates. Please allow us to reprint it.

Dr. H. Lee Jacobs, Institute of Gerontology, University of Iowa . . . You are certainly to be commended for the fine contribution you have made to public enlightenment on aging over the years.

Dr. Donald P. Kent, sociology dean, Penn State University and former director, U.S. Office of Aging . . . Your cooperation, good counsel and support have meant much to me and have been very helpful in developing the progressive programs we have had.

John D. Martin, U.S. Commissioner on Aging, HEW . . . I find your presentation quite informative and the fact you speak from your own experience and observation makes your points all the more valid . . . I hope you will send me any suggestions you may have from time to time.

Dr. H. Meltzer, Psychological Center, Washington Univ., St. Louis . . . Congratulations. You keep an alert mind going and are doing the kind of job nobody else I know could do both from the point of view of motivation as well as ability.

H. B. Montague, U.S. Chief Postal Inspector . . . The help of writers like you in disseminating knowledge about major mail fraud schemes is of particular benefits to your readers.

Dr. Sidney L. Pressey, former dean of psychology, Ohio State University . . . You are doing splendid constructive work, rendering real service rather than exploiting the field of aging.

Hon. George A. Smathers, former chairman U.S. Senate Committee on Aging (in Congressional Record) . . . R. O. Beckman is an expert in this field and his columns are well worth reading and of significant value in developing the proper mental outlook for all of us who will some day be included in the category of our nation's senior citizens.

Dr. Irving L. Webber, Institute of Gerontology, University of Florida . . . You have certainly gone far beyond the call of duty in establishing and attempting to maintain your excellent program.

Hon. Harrison A. Williams, chairman, U.S. Senate Committee on Aging . . . I am writing to thank you—on behalf of millions of older Americans—for your fine column: "Volunteer Work Ends Boredom."

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